

V. S. No. 2
M-11-10-39
5-17-43
I X 88

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 6 1943
Registration District No. 82

Primary Registration District No. 5681

Registrar's No. 6

1. PLACE OF DEATH:

(a) County LINN

(b) City or town BROOKFIELD Rural

(c) Name of hospital or institution: Franklin's Camp P.R. # 3.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 66 yrs 9 mo 2 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

(c) City or town Brookfield, Rural (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. P.R. # 3 P.R.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Allie McCollum

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1943 hour 12 minute 40 A.M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma McCollum

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 18 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1942 to Feb 16 1943
that I last saw him alive on Feb 14 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 9 2 hr. _____ min.

Immediate cause of death Chronic Nephritis Duration 2 yrs

9. Birthplace Baker, Iowa Mo O
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Farming

Other conditions Hypertension 5 yrs
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Farming

12. Name John McCollum

13. Birthplace Yellow Creek, Ia

14. Maiden name Elizabeth Watson

15. Birthplace Linn Co. Mo. O
(City, town, or county) (State or foreign country)

Major findings: Chronic Nephritis 3 yrs PHYSICIAN _____

Of operations _____

Of autopsy 131 P

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Opal Galt

(b) Address Brookfield Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Feb. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Placant New Cem.

18. (a) Signature of funeral director Person Funeral Service

(b) Address Quacken Mo.

19. (a) 3/8/43 (b) Mrs. Lucy Montgomery
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.A. Martin (M. D. or other) _____

Address Browning Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. A. Larson*.....

Licensed Embalmer No. *4037*.....

P. O. Address..... *Bucklin, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.