S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED APR 16 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15152

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Hospital and Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 86
(a) State Missouri (b) County Putnam 0
(c) City or town Unionville R.F.D. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Harriet Ann McCollom
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles H. McCollom
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 28 (Day) 1878 (Year)

8. AGE: Years 64 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housework
FATHER
12. Name Jeferson Anders
13. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Jane Lynch
15. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Paul Clark
(b) Address Unionville Mo. RFD.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Pherigo Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville Mo. By J.W. Comstock
19. (a) 4/3/1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 5 minute P M.
21. I hereby certify that I attended the deceased from MAR-17, 1942, to MAR 28, 1943,
that I last saw her alive on MAR 28, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer. Gall-Bladder & Head of Pancreas. — Duration 1 yr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Cancer of Gall-Bladder & Pancreas
Of autopsy

46 f

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. Neal Martin (M. D. or other)
Address Unionville Date signed 3/28/43

1049

(Licensed Embalmer's Statement on Reverse Side)

## 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.

RECEIVED
District Health Officer No. 10
District File Number 4-43-761
Date Filed APR 15 1943

Signed James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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, fact should be so stated above.**