FILED NOV 9 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34124

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 42

(b) Township — Primary Registration District No. 1000 — Registered No. 1085

(c) or City St Joseph — (d) Street No. Mercy Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cleatis F. Collor

(a) Residence, No. 431 Blake St St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 16, 1896

7. AGE: YEARS 47 — MONTHS 1 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Clerk Swift & Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clarksdale Mo

FATHER

13. NAME: Franklin Collor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth York
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): San Jose Ill

17. INFORMANT (ADDRESS): Emma Collor 431 Blake St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Memorial Park — DATE: 10-5-43, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): FLEEMAN & SON, INC. St Joseph, Mo

20. FILED 10/5/43, 1943 Rose Herzog Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3, 1943

22. I HEREBY CERTIFY, That I attended deceased from 9-30-, 1943 to 10-3-, 1943

I last saw h... alive on 10-3-, 1943 Death is said to have occurred on the date stated above, at 3:27 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	10/3/43
Mitral Stenosis	

Other contributory causes of importance: Multiple Sclerosis

Name of operation: 92 F — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] D.O. M.D.

(Address) 423 Faraon, St Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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AUG 21 1944

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 Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo.

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

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