

39325

State File No. _____

Registrar's No. 49

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
-2-43
-17-39
X335897

FILED DEC 8 1943

Registration District No. 6152A

Primary Registration District No. 6152A

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 1/2 Miles Southeast of Dexter
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 19 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County Stoddard

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

(d) Street No. 3 1/2 Miles Southeast Of Dexter
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John McCollough

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Isabelle McCollough

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

7. Birth date of deceased September 23 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Indian Springs Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley McCollough

(b) Address Dexter Mo, Route #4

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 11-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Wesley McCollough

(b) Address Malden, Mo.

19. (a) 11-6-43 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd
year 1943 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 11/3rd 1943 to 11/3rd 1943
that I last saw him alive on 11/3rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration

Due to Arterio Sclerosis

Due to _____

Other conditions 948
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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) No

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature S. J. Davis (M. D. or other) _____
Address Dexter Mo. Date signed 11/10/43

1134

RECEIVED

District Health Office No. 2,

District File Number 1242-153

Date Filed 12-6-43

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.....

J. W. Schuman

Licensed Embalmer No. 4086

P.O. Address Malden

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.