

FILED DEC 29 1943

State File No.

Registration District No. 772

Primary Registration District No. 4134

Registrar's No. 102

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution SMITHVILLE COMMUNITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PLATTE

(c) City or town EDGERTON, MO. R.F.D.
(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

3. (a) PRINT FULL NAME OPAL M. COLLIER

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 3rd
year 1943 hour 7: minute 30 A. M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY 19, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 29 1943 to Dec 24 1943
that I last saw him alive on Dec 2 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>14</u> hr. min.

Immediate cause of death Cerebral thrombosis carcinoma of stomach

Due to

Due to

9. Birthplace PLATTE COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER

11. Industry or business

12. Name FRANKLIN P. IERCE COLLIER

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

14. Maiden name MARTHA ELLEN GUSTIN

15. Birthplace PLATTE CO. MO.
(City, town, or county) (State or foreign country)

Major findings: Hb

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. MARTHA E. COLLIER

(b) Address EDGERTON, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 12/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIDGELEY, PLATTE CO. MO.

18. (a) Signature of funeral director McCormac Funeral Home

(b) Address Smithville, Mo.

19. (a) Dec 9-1943 (b) Arch H. Henry
(Date received local registrar) (Registrar's signature)

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?

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

While at work? Yes (Specify type of place)

(e) Means of injury Car

23. Signature Arch H. Henry (M. D. or other) Dec 4 1943

Address Smithville, Mo. Date signed

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

102)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-27-43

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.