S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42828

Registration District No. FILED JAN 10 1944

Primary Registration District No. 3038

Registrar's No. 269

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 109 S. Pennsylvania
(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)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 109 S. Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Simeon J. Collier
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: Emma J. Triggs
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May 27, 1856 (Month) (Day) (Year)

8. AGE: Years 87 | Months 6 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Lineville, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
FATHER 12. Name: Simeon Collier
FATHER 13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Matilda Jewell
MOTHER 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Viola Triggs
(b) Address: Brookfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cemetery
18. (a) Signature of funeral director: Rusk Funeral Home
(b) Address: Brookfield, Mo.
19. (a) 12-22-1943 (Date received local registrar) (b) W H Carman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 22 year 1943 hour 8 minute 00 a M.
21. I hereby certify that I attended the deceased from Dec 7, 1943, to Dec 22, 1943, that I last saw him alive on Dec 18, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	15 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — Of autopsy —	

108

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: W. H. Patton (M. D. or other) G.P.
Address: Brookfield Mo. Date signed: 12-22-43

436

(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.

Signed H B Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield 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.