S. No. 2
0M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7764

FILED MAR 6 1944

Registration District No. 270

Primary Registration District No. 4321

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 -6 -I
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65

(c) City or town Mercer 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 Henry Sheridan Collier

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose Collier

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August (Month) 26 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	I	hr. min.

9. Birthplace Decatur County (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER
12. Name William Collier
13. Birthplace (City, town, or county) Calif. / (State or foreign country)

MOTHER
14. Maiden name Clarinda Ockerman
15. Birthplace (City, town, or county) Ind. / (State or foreign country)

16. (a) Informant Mrs Rose Collier
(b) Address Mercer Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Middlepoint Cemetery

18. (a) Signature of funeral director O. O. Greenlee
(b) Address Lineville Iowa

19. (a) 3-1-44 (Date received local registrar) (b) Ivan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1944 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1941 to Feb 27, 1944
that I last saw him alive on Feb 26, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum Liver & descending colon	2 yr 4 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46d

Major findings: Of operations operated Oct 1, 41 Cancer of Rectum & Colon

Of autopsy

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 0

23. Signature O. Laws (M. D. or other)

Address Zimatoy Mo Date signed 2/29 44

1367

(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. James L. Greenlee

Licensed Embalmer No. 3967.

P. O. Address. Lincolnville, Ga

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.