

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 194

Registration District No. _____

Primary Registration District No. 3000

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: Stuckler Hospital
(d) Length of stay: In hospital or institution 1-year
In this community Ten years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Adair
(c) City or town Kirksville
(d) Street No. 1017 E. Wash
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME OLLIE MYRTLE Mc COLLUM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Walter Mc Collum 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Aug 4 1890

8. AGE: Years 53 Months 11 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wesley C. Eleton
13. Birthplace Junk, Mo
14. Maiden name Magara Eleton
15. Birthplace Junk, Mo

16. (a) Informant Walter H. Mc Collum
(b) Address 1017 E. Washington St.

17. (a) North Salem (b) Date thereof 7-28-44
(c) Place: burial or cremation North Salem, Mo

18. (a) Signature of funeral director Emmestine
(b) Address Kirksville, Mo

19. (a) 7-27-44 (b) Mrs. J. W. Wagoner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26 year 1944 hour 12 minute 36 a M.

21. I hereby certify that I attended the deceased from 1943 to July 1944 that I last saw her alive on July 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Other conditions (Include pregnancy within 3 months of death) H&B

Major findings: Of operations _____ Of autopsy _____

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?

23. Signature R. P. Stuckler (M. D. or other) _____
Address Kirksville, Mo Date signed 7-27-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 10
District File Number 8-44-1399
Date Filed AUG 9 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

W. C. Summers

Licensed Embalmer No.

2159

P. O. Address

Richsville

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.