

No. 2
-2-43
17-39
X35897

FILED DEC 13 1944

Registration District No. 19

Primary Registration District No. 5681

Registrar's No. 11

1. PLACE OF DEATH:
(a) County LINN
(b) City or town Greenville Twp
(c) Name of hospital or institution:
1 mile South of Shelby
(d) Length of stay: lifetime
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINN
(c) City or town Rural, near Shelby Mo
(d) Street No. 1 mile south of Shelby
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JILES McCOLLUM
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife EMMA
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased June 10 - 1956

8. AGE: Years 88 Months 5 Days 12
If less than one day hr. min.

9. Birthplace LINN CO, MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Farming

12. Name Wm. McCallum

13. Birthplace Linn Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rice

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

16. (a) Informant Arthur McCallum

(b) Address Purdin Mo, RFD

17. (a) Burial (b) Date thereof Nov 21st
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garner Cemetery

18. (a) Signature of funeral director Brookfield, Mo

(b) Address Brookfield, Mo

19. (a) Nov 24 1944 (b) Max May Montgomery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1944 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from Nov 21st
1944 to Nov 21st 1944
that I last saw him alive on Nov 21st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Senility

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

Major findings:
Of operations
Of autopsy none

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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 none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
While at work? none (Specify type of place) (e) Means of injury none
23. Signature Keyou Labe (M.D. or other) DO
Address Purdin Mo Date signed 11-24-44

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 11

Registration District No. 182 Primary Registration District No. 5681

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural Mountville Mo
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) City or town _____ (If outside city or town limits, write "RURAL")
(b) County _____
(c) Street No. _____ (If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jiles McCollum
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month 12 Day 2 Year 1964 Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Duration _____
Due to cardio-vascular-renal syndrome

7. Birth date of deceased June 10 (Month) (Day) (Year)
8. AGE: Years 88 Months 5 Days _____ If less than one day _____ min.

Due to 131a
Other conditions benign senility
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____ (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) none
(b) Date of occurrence none
(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? none (Specify type of place) (e) Means of injury none
23. Signature purdiss. Mo (M.D. or other) _____
Address purdiss. Mo Date signed 12-18-64

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

SUPPLEMENTARY

38247

St. W. ...
... ..