

FILED NOV 16 1944
Registration District No. 274

Primary Registration District No. 5834

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

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town DIAMOND Marion Township
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County NEWTON 73

(c) City or town DIAMOND
(If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL ALEXANDER COLLIER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 19 year 1944 hour 1 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SYLVIA ANN COLLIER (c) Age of husband or wife if alive 64 years

7. Birth date of deceased AUGUST 28 1861
(Month) (Day) (Year)

Immediate cause of death Died suddenly Natural Causes Probably Apoplexy Duration _____

Due to _____

Due to 830

8. AGE: Years 83 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace ADAMS County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name LUTHER COLLIER

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

14. Maiden name SARAH McCLELLAN

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

16. (a) Informant Mrs. Sylvia A. Collier

(b) Address Diamond Mo

17. (a) Burial (b) Date thereof 10-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DIAMOND Mo.

18. (a) Signature of funeral director Barley Thompson

(b) Address Neosho Mo.

19. (a) 10-22-44 (b) Mrs. U.S. Chapman
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.P. Reynolds (M. D. or other) _____
Address Neosho Mo Date signed _____

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RECEIVED NOV 10 1944

District Health Officer No.

District File Number 1044-224

Date Filed NOV 13 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 Barney Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.