

S. No. 2
M-2-43
5-17-39
-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2005

FILED FEB 9 1945
Registration District No. 12

Primary Registration District No. 4134

Registrar's No. 124

1. PLACE OF DEATH:
(a) County CLAY
(b) City or town SMITHVILLE, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution SMITHVILLE COMMUNITY HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County PLATTE
(c) City or town EDGERTON, MO. R.F.D.
(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 _____

3. (a) PRINT FULL NAME JOHN ALFRED COLLIER

MEDICAL CERTIFICATION
20. DATE OF DEATH Month DEC. day 21
year 1944 hour _____ minute 12:30 P. M.

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

21. I hereby certify that I attended the deceased from Dec 20
1944 to Dec 21 1944
that I last saw him alive on Dec 21 1944
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 DIVORCED

Immediate cause of death Diabetes Mellitus
Due to _____
Due to _____

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB. 3, 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 18 If less than one day hr. _____ min. _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace EDGERTON, MO. R.F.D.
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL TEACHER RETIRED 12 YRS.

11. Industry or business _____

12. Name FRANKLIN PIERCE COLLIER

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

14. Maiden name MARTHA ELLEN GUSTIN

15. Birthplace PLATTE CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant TALMAGE COLLIER
(b) Address NORTH KANSAS CITY, MO.

17. (a) BURIAL (b) Date thereof 12/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)
RIDGELEY CHURCH PLATTE CO. MO.
(c) Place: burial or cremation

18. (a) Signature of funeral director Mr. Cowan's Funeral Home Smithville Mo.
(b) Address
19. (a) Dec 29-1944 (b) Rich N. Henry
(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) (b) Means of injury _____
23. Signature J. P. [unclear] (M. D. or other) MD
Address Smithville, Mo Date signed 12-23-44

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

400

1021

Sanitary Record

District File Number

Date Filed

7-16-45

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

S. A. McLowas

Licensed Embalmer No.

2303

P. O. Address

Smithville, 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.