

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34211

State File No.

Registrar's No. 9

FILED NOV 8 1945

Registration District No. 224

Primary Registration District No. 5796

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

1. PLACE OF DEATH:
 (a) County Moniteau County
 (b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (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 Moniteau
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 mi E. of California (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME FRANK UNDRIL M^e COLLESTER
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Male (5. Color or race White)
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rose M^e Colvester
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: Aug. 12 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>24</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER
 12. Name Benjamin Franklin M^e Colvester
 13. Birthplace Vermont (State or foreign country)
 14. Maiden name Elizabeth Norman
 15. Birthplace Virginia (State or foreign country)

16. (a) Informant Mrs. Frank M^e Colvester
 (b) Address California Mo.

17. (a) Burial (b) Date thereof 10-10-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sappington Cem
 18. (a) Signature of funeral director Hugh Williams
 (b) Address California Mo.

19. (a) 10-8-45 (b) H.R. Popejoy
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 7
 year 1945 hour 10 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Suddenly 19... 1945
 that I last saw him alive on Sep 1st 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
General Arteriosclerosis
 Duration 5 year

Due to.....
 Due to.....

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

Major findings:
 Of operations gfu
 Of autopsy no

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 H.R. Popejoy (M. D. or other)
 Address California Mo Date signed 10-8-45

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

11-7-45

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

Hugh E. Williams

Licensed Embalmer No.

3537

P. O. Address

California 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.