S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1945

State File No. 37813

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 596

1. PLACE OF DEATH:
(a) County LINN
(b) City or town BROOKFIELD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 223 E PRAIRIE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days) In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINN
(c) City or town BROOKFIELD (If outside city or town limits, write "RURAL")
(d) Street No. 223 E PRAIRIE (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME EMMA. McCOLLUM
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband or wife JILES McCOLLUM
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 6 (Day) 1945 (Year)
8. AGE: Years 78 Months 7 Days 15 If less than one day hr. min.
9. Birthplace NEW TRENTON (City, town, or county) IND 1 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —
MOTHER FATHER
12. Name GEO. BARBER
13. Birthplace IND 1 (City, town, or county) (State or foreign country)
14. Maiden name EMELINE KERSEY
15. Birthplace MAINE 1 (City, town, or county) (State or foreign country)
16. (a) Informant MRS GEO McCOLLUM
(b) Address 426 E SEDGWICK
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 23-45 (Month) (Day) (Year)
(c) Place: burial or cremation ROSENHILL
18. (a) Signature of funeral director Rusk Funeral Home
(b) Address 413 Linn St. Brookfield Mo
19. (a) 10/23/45 (Date received local registrar) (b) Eulah Kelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1945 hour 8 minute — A.M.
21. I hereby certify that I attended the deceased from June 4, 1945 to Oct 21, 1945 that I last saw her alive on Oct 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	1 da.
Due to Chronic Endocarditis	
& Cardiac Decompensation	sing
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Roy P. Haley (M. D. or other) M.D.
Address Brookfield Mo Date signed 10-22-45

(Licensed Embalmer's Statement on Reverse Side)

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.