

No. 2
1-5-43
5-17-39
I X38671

FILED APR 15 1946
Registration District No. **257**

Primary Registration District No. **5855**

Registrar's No. **58**

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

1. PLACE OF DEATH:

(a) County **Nodaway**

(b) City or town **Maryville-rural, White Cloud**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **7 miles S.W. township**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 1/2 years** (Specify whether years, months or days)

In this community **1 1/2 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Maryville -rural-**
(If outside city or town limits, write "RURAL")

(d) Street No. **7 miles S.W.** (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT **Travis Monroe McCollum**
FULL NAME

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Martha McCollum** 6. (c) Age of husband or wife if deceased **deceased**

7. Birth date of deceased **December 9, 1862**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**
year **1946** hour **1** minute **25** M.

21. I hereby certify that I attended the deceased from **ph** 19**43**, to **March** 19**46**
that I last saw h. **alive on January** 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **3** Days **18**
If less than one day hr. min.

Immediate cause of death **Pyelonephritis not known**

Due to **Multiple renal stones**

Due to **not known**

9. Birthplace **Fayette Alabama**
(City, town, or county) (State or foreign country)

10. Usual occupation **Grain dealer**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **Henry C. McCollum**

12. Name **Henry C. McCollum**

13. Birthplace **N. Car.**
(City, town, or county) (State or foreign country)

14. Maiden name **Vasti Trawick**

15. Birthplace **N. Car.**
(City, town, or county) (State or foreign country)

Major findings: Of operations **133w**

Of autopsy **133w**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. E.M. Busby**

(b) Address **Maryville, Mo.**

17. (a) **removal** (b) Date thereof **Mar. 28, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valley View Texas**

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? **—**

18. (a) Signature of funeral director **Quinn Funeral Home**

(b) Address **Maryville Mo**

19. (a) **March 29-46** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury **0**

23. Signature **J. A. Blomer** (M. D. or other) **0**

Address **Maryville Mo** Date signed **3/28/46**

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

W. L. Lee

Licensed Embalmer No.....

2539

P. O. Address.....

Marionville 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.