

FILED JUN 10 1946

State File No. _____

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Pemscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: E 7th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot ?
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Henry Collier

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 30 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Harford Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Retired Farmer

12. Name unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Collier
(b) Address Caruthersville, Mo

17. (a) Burial (b) Date thereof May 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little prairie Cemetery

18. (a) Signature of funeral director George W. Co.
(b) Address Caruthersville Mo

19. (a) 6-6-46 (b) Frederic B. Weeks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour 8 minute 5 A. M.
21. I hereby certify that I attended the deceased from April 5, 1946 to May 20, 1946, that I last saw him alive on May 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis Duration 5 yrs.
Due to Senility

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

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 E. C. Collier (M. D. _____)
Address Caruthersville Mo Date signed 7-2-46

247

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

16430

5-46-113

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Cantonville, 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.