

FILED OCT 3 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Avilla, Missouri
(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 NORA LEE KOLLENBURN

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

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased October 25 1873
(Month) (Day) (Year)
8. AGE: Years 72 Months 10 Days 26
If less than one day hr. min.

9. Birthplace Warrensburg, Missouri.
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business -----
12. Name unknown Burnett
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown Bradley
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd Kollenburn
(b) Address Avilla, Missouri
17. (a) burial (b) Date thereof Sept 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avilla Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 9-23-46 (b) H. B. Clenton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 21
year 1946 hour 6 minute 05 p.m.
21. I hereby certify that I attended the deceased from
July 8 1946 to Sept 21 1946;
that I last saw him alive on Sept 20 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: diabetic gangrene
Duration 4 mos

Due to _____
Due to _____
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations (6)
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 Dr. W.B. York (M. D. or other)
Address Searsville, Mo Date signed 9-23-46

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

MOTHER FATHER

46-9-827

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..... *Emm. R. Truel*

Licensed Embalmer No. *391*

P. O. Address..... *Carlsberg*

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.