

U.S. No. 2
FORM-5-43
REV. 5-17-39
X36671

43345

State File No.

FILED JAN 14 1947

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Entire Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright ¹¹⁴

(c) City or town Mountain Grove ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) ⁰

(e) Citizen of foreign country? No. (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR F. COLLIER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th
year 1946 hour 7:30 minute _____ a.m.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Robert Collier (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 1 - 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 - 1946 to Oct 13 - 1946
that I last saw him alive on Oct 12 - 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

9. Birthplace St. Louis Co. - Arkansas
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: ATA

10. Usual occupation Merchant and Insurance

11. Industry or business agt.

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Dr. Wesley Collier

13. Birthplace Laclede, Co. - Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Stout Collier

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Miss Grace Collier

(b) Address Mountain Grove, Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Oct 15 - 46
(Month) (Day) (Year)

(c) Place: burial or cremation Miss Crut Cemetery

While at work _____ (Specify type of place)

(c) Means of injury 0

18. (a) Signature of funeral director George Stahl

(b) Address Mountain Grove, Mo.

19. (a) 1-6-47 (Date received local registrar)

(b) A. B. Jones (Registrar's signature)

23. Signature W. H. Jones (M. D. or other)

Address Mountain Grove, Mo. Date signed 10-14-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.