

S. No. 2
M-5-43
5-17-39
I X3667

FILED SEP 22 1947

Registration District No. **386**

Primary Registration District No. **4082**

Registrar's No. **17**

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bogard
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bogard Depot 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: 11 years. (Specify whether in hospital or institution)

In this community 11 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carroll 17

(c) City or town Bogard
(If outside city or town limits, write "RURAL.")

(d) Street No. 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James LeRoy Colstard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

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

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

7. Birth date of deceased Sept 8 1986
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1947 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from born cell, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>11</u>	<u>17</u>	____ hr. ____ min.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions 94A
(Include pregnancy within 3 months of death)

9. Birthplace Granger MO
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Section Foreman

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Olie Colstard 4

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anderson

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

16. (a) Informant Mrs. Lily Nussler

(b) Address Bogard, MO

17. (a) Burial (b) Date thereof 8-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granger, MO

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 E.A. Dickerson

(b) Address Bogard, MO

19. (a) 8-27-47 (b) Bounce Street
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 3

23. Signature Charles Rutter (M.D. or other) Coroner

Address Carrollton Date signed 8/26/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

OCT 17 1941
SEP 22 1941

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 *E. A. DeKorser*
.....
Licensed Embalmer No. *2534*
P. O. Address *Bozard 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.