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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

Registration District No. 278

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 42622

Registrar's No. 133

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 4 days (Specify whether years, months or days)
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pike
(c) City or town: Louisiana, (If outside city or town limits, write "RURAL")
(d) Street No.: 204 North 6 th. St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mazie McCollister
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
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: August 19, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	6	hr. min.

9. Birthplace: Louisiana, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Homemaker
11. Industry or business: Own Home

FATHER
12. Name: John McCollister
13. Birthplace: Pickway Co. Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Mullins
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Charles McCollister
(b) Address: Rock Island Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem.
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisiana, Missouri
19. (a) 12-27-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1947 hour 6:00PM. minute M.
21. I hereby certify that I attended the deceased from 1939, to 12-25, 1947 that I last saw h. alive on 12-25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Pancreas — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operation: Carcinoma of Pancreas
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): None
(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: 0
23. Signature: [illegible] (M. D. or coroner)
Address: Louisiana, Mo. Date signed: 12-31-47

(Licensed Embalmer's Statement on Reverse Side)

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

REGISTERED
District Health Officer No. 10
District File Number 1-48-24
Date Filed JAN - 6 1948

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 George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana 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.