

No. 2  
1-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

489

State File No. ....

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 1

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

**1. PLACE OF DEATH:**

(a) County Carroll

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

(c) Name of hospital or institution: 3  
(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 (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Carroll

(c) City or town Norborne  
(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** RICHARD HENRY COLLIER

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

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month 7 day Jan.  
year 1948 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Coronet Coll. to \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

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

7. Birth date of deceased Apr. 21 1900  
(Month) (Day) (Year)

Immediate cause of death Head Injury -  
Free Excavations - old shock

Due to while riding in a truck driven by Floyd Hart and due to some condition that kept them from leaving the freight train, striking the 26  
Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

10. Usual occupation Machine Operator

11. Industry or business Alpha Mill

12. Name James W. Collier

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

14. Maiden name Elizabeth Evans

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

16. (a) Informant Mrs. John Millard  
2945 Wyandotte, Kansas City, MO

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardy MO

18. (a) Signature of funeral director Stanley G. Gibson

(b) Address Carrollton MO

19. (a) 1/11/48 (b) Mr. Herbert Collier  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 17

(b) Date of occurrence Jan. 7-1948

(c) Where did injury occur? Carrollton Carroll MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Railroad crossing in town of Carrollton MO  
(Specify type of place)

While at work? NO (e) Means of injury Head Injury -  
Free Excavations -  
Old Shock

23. Signature Charles Rust (M. D. or other) Physician

Address Carrollton Date signed 1/11/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-11-48.....

---

---

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.....

Harry H Mattox.....

Registered Apprentice No. 501.....

working under my personal supervision.

Signed Ben W Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton, W.....

**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.**