No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4310

Registration District No. 91 Primary Registration District No. 5288 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural Washington Twnship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5½ Miles N.E. of Kearny, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Mary McCollum
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alexander McCollum
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 17 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	9	27	hr. min.

9. Birthplace Ottawa (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Rahn
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Victor Floyd McCollum
(b) Address R.R. #1 Holt, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Mo.
19. (a) 1/15/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1948 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from Coroner Case, 19__ to ____, 19__;
that I last saw alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Burned to Death in home, House burnt up.	
Due to Coroner Case	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Coroner Case	
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) Burnt to death Accident
(b) Date of occurrence 1-14-48 24
(c) Where did injury occur? R.F.D. Kearny (City or town) Clay (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home on farm 5½ mi. N.E. Kearney Mo (Specify type of place)
While at work? (e) Means of injury
23. Signature R.W. Prather Coroner (M. D. or other) 3
Address Excelsior Springs Mo. Date signed 1-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-1-45

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 Stanley M. Seaton, Registered Apprentice No. 448, working under my personal supervision.

Signed Roland R. Spinks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.