

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27832

FILED SEP 13 1944
1937

Primary Registration District No. 3023

Registrar's No. 133

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1.
(If not in hospital or institution, write street number or location)

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

In this community 25 year years, months or days

3. (a) PRINT FULL NAME MARY C COLLIER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased July 29 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Linnis mo
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Linn 9

13. Birthplace _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name Ellen 9

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Collier

(b) Address 200 Beverly Dr

17. (a) Burial (b) Date thereof 8-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conover & Pelt

(b) Address Clinton mo

19. (a) August 12 1944 (b) Georgia Kitcher
(Date received local Registrar) (Registrar's signature) S.K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")

(d) Street No. 701 North 2nd
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 9
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I last saw _____ alive on _____ (19 _____)
and that death occurred on the date and hour stated above.

Immediate cause of death: Deceased was found dead on floor of home by neighbor. Presumably a heart attack of coronary occlusion.

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 940 PHYSICIAN _____
Of operations _____
Of autopsy _____
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) _____

(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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. R. S. Hatter
Address Clinton Mo Date signed 8/11/44

RECEIVED

District Officer No. 7,
District No. 8-44-1043
Date Filed 9-11-44

SEP 19 1944

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 *J. S. Consoled*
Licensed Embalmer No. *1891*
P. O. Address *@ Montoy 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.