No. 2 ... 5-17-39 ... I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26051

Registration District No. ..... Primary Registration District No. 722-5953 Registrar's No. 5953

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

1. PLACE OF DEATH: Putnam 3
(a) County
(b) ~~City or town~~ Rural - Richland Township
(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 Lifetime
years, months or days) 0115

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Rural - Richland, Twp
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Charles Holliday McCollum
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phebe McCollum
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased November 26 - 1878 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Putnam Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer 1
11. Industry or business Farm 1
FATHER
12. Name Charles Henry McCollum
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Elizabeth Stockton
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Cordie McCollum
(b) Address Unionville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Phariso Cemetary
18. (a) Signature of funeral director [signature]
(b) Address Unionville Mo
19. (a) August 8 1940 (Date received local registrar) (b) Eunice Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1940 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased ~~from~~ on August 6, 1940 to ✓, 19✓;
that I last saw him alive on Aug. 6, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gun-Shot Wound thru skull. Hemmorraghe	10 min
Due to By firearms (38 Caliber Revolver	
Due to	
Other conditions (Include pregnancy within 3 months of death) 167	
Major findings: Of operations	
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) Suicide
(b) Date of occurrence August 6, 1940
(c) Where did injury occur? Unionville (City or town) Putnam (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 98 Home of Perry Clark (Specify type of place)
While at work? Mo (e) Means of injury Gun Shot
23. Signature J. C. Henson (M. D. or other) D.O.
Address Unionville, Mo. Date signed Aug. 8

(Licensed Embalmer's Statement on Reverse Side)

Coroner

RECEIVED
District Health Officer No. 10
District File Number 8-40-~~2979~~ 1602
Date Filed AUG 10 1940

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 J. W. Comstock, Registered Apprentice No. 132 working under my personal supervision.

Signed J. W. Comstock

Licensed Embalmer No. 389

P. O. Address Thomaville 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, above space should be left blank.