

No. 2  
-13-40  
17-39  
X23159

**NOV 15 1940**  
263

Registration District No. \_\_\_\_\_ Primary Registration District No. 5366 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Dekalb  
 (a) County Dekalb  
 (b) City or town Rural, 2 Miles west, Santa Rosa  
 (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 2  
 In this community 68 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Daviess  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2 Miles West of Santa Rosa, Mo.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Ralph Collier  
 (b) If veteran, name war X  
 (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lottie Collier 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased 1 19 1872  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 8 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dekalb Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George G. Collier

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

14. Maiden name Mary Flood

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

16. (a) Informant Mrs Lottie Collier

(b) Address Pattonsburg Mo

17. (a) Burial (b) Date thereof 10-11-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director W. Skomer 238  
 (b) Address Pattonsburg, Mo.

19. (a) Nov 5-1940 (b) Jess. Fitzgerald  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 9  
 year 1940 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from 5-8, 1939, to 10-9, 1940;  
 that I last saw him alive on 10-8, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL THROMBOSIS UNDET

Due to GENERALIZED ARTERIOSCLEROSIS WITH HYPERTENSION UNDET

Due to CHRONIC NEPHRITIS UNDET

Other conditions UREMIA 90-23-40  
 (Include pregnancy within 3 months of death)

Major findings: Of operations 131  
 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 John M. Cooper M.D. (M. D. or other) \_\_\_\_\_  
 Address MAYSVILLE Mo Date signed 10-12-40

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

MOTHER FATHER

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

*Ed Brown*

Licensed Embalmer No. 2857

P. O. Address: Pattonsburg, 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.