

FILED MAR 20 1942

Registration District No. 496

Primary Registration District No. 3025

Registrar's No.

57

1. PLACE OF DEATH:

(a) County LINN
 (b) City or town BROOKFIELD TWP - RURAL
 (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 74 yrs.
 years, months or days

3. (a) PRINT FULL NAME ISAAC JACKSON COLLIER

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. NONE4. Sex M 5. Color or race W6. (a) Single, widowed, married,
divorced WIDOWED6. (b) Name of husband or wife ELIZA JANE RUECK

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased APRIL 7 1850
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

911024

hr. min.

9. Birthplace PRINCETON MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business

12. Name SIMEON COLLIER13. Birthplace INDIANA
(City, town, or county) (State or foreign country)14. Maiden name MATILDA JEWELL15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)16. (a) Informant's own signature I. C. Collier(b) Address BROOKFIELD, MO.17. (a) BURIAL (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ROSE HILL CEM.18. (a) Signature of funeral director Rusk Funeral Home(b) Address BROOKFIELD, MO19. (a) 3-1-1942 (b) J. W. Conner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN
 (c) City or town BROOKFIELD TWP
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1/4 MI S OF CITY LIMITS
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1
 year 1942 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from 1935
 _____, 19____, to 3-1-42, 19____;
 that I last saw him alive on 2/28/42, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

14 mo.

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 83a

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) _____
 (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) (b) Means of injury I

23. Signature W. B. Simpson (M. D. or other) Dr.
 Address Brookfield Date signed 3/1/42

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(Licensed Embalmer's Statement on Reverse Side)

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..... *H. B. Bright*

Licensed Embalmer No..... *3718*

P. O. Address..... *Brookfield, 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.