

FILED FEB 9 1943 84

Primary Registration District No. **3038**

Registrar's No. **155**

1. PLACE OF DEATH:

(a) County **LINN**
(b) City or town **BROOKFIELD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
523 MCGOWAN ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **56 yrs**
years, months or days

3. (a) PRINT FULL NAME **ARTHUR J. COLLIER**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **BESSIE LEWIS** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **JAN. 9, 1887**
(Month) (Day) (Year)

8. AGE: Years **56** Months **16** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **BROOKFIELD** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business _____

MOTHER FATHER
12. Name **Wesley Collier**
13. Birthplace **KNOX County, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Elizabeth Curtis**
15. Birthplace **Linn Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Bessie Collier**

(b) Address **523 McGowan, Brookfield, Mo**

17. (a) **Burial** (b) Date thereof **1-27-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Cem.**

18. (c) Signature of funeral director **Rusk Funeral Home**

(b) Address **Brookfield, Mo**

19. (a) **1-26-1943** (b) **W. H. Colman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**
(c) City or town **523 McGowan St**
(If outside city or town limits, write "RURAL")
(d) Street No. **Brookfield, Mo**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **25**
year **1943** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____, 1937, to **Jan 25**, 1943;
that I last saw him alive on **Jan 25**, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Lues.** Duration **1 year.**
Due to **Myocardial Chane** 30247

Due to _____
Other conditions (include pregnancy within 3 months of death) **468**

PHYSICIAN
Major findings: _____
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. H. Colman** (M. D. or other) **P.O.**
Address **Brookfield, Mo.** Date signed **1-26-43**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised 1-23-43

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. Wright

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.