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v. 5-17-39  
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19239

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 8 1943

Registration District No. 387

Primary Registration District No. 4498

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County... Shelby  
(b) City or town... Hunnewell  
(c) Name of hospital or institution: / None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... X  
In this community... All his life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Shelby  
(c) City or town... Hunnewell  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME Edwin Elmer Collier

3. (b) If veteran, name war... X 3. (c) Social Security No. X

4. Sex... Male 5. Color or face... White 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Mrs. Madeline Collier 6. (c) Age of husband or wife if alive... 69 years

7. Birth date of deceased... July 10, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 8 25 hr. min.

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

10. Usual occupation... Merchant & Farmer

11. Industry or business... Same

MOTHER FATHER

12. Name... James N. Collier

13. Birthplace... Not known  
(City, town, or county) (State or foreign country)

14. Maiden name... Catherine Gooch

15. Birthplace... Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant... Emmett Collier

(b) Address... Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 4-7-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation... I. O. O. F. Shelbyville

18. (a) Signature of funeral director... Mellini & Barkeler

(b) Address... Shelby, Mo.

19. (a) May 6, 1943 (Date received local registrar) (b) Madeline Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April 5 day... 5 year... 1943 hour... minute... 5 P. M.

21. I hereby certify that I attended the deceased from... April 3 1943 to... April 5 1943  
that I last saw him alive on... April 5 and that death occurred on the date and hour stated above.

Immediate cause of death... Labor Pneumonia

Due to

Due to

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? Mo.

While at work? (Specify type of place) (e) Means of injury

23. Signature... S. P. Davenport (M. D. or other) do

Address... Shelbyville Mo. Date signed

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No: 10

District File Number 6-43-970

Date Filed JUN 7 1943

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.....

Licensed Embalmer No. 3835

P. O. Address Shelburne, 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.