

S. No. 2
DM-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21446**

FILED JUL 9

Registration District No. **137** Primary Registration District No. **5507** Registrar's No. **114**

1. PLACE OF DEATH:
(a) County **HENRY**
(b) City or town **CLINTON - P.R.# 5**
(c) Name of hospital or institution:
DAVIS TWP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NONE**
(Specify whether
In this community **60 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **HENRY**
(c) City or town **CLINTON - P.R.# 5**
(If outside city or town limits, write "RURAL")
(d) Street No. **DAVIS Twp**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **JENNIE M. COLLIER**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **10**
year **1943** hour **5-15** minute **P.M.**

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

21. I hereby certify that I attended the deceased from **May 30-43**
19 to **June 10** 19**43**.
that I last saw her alive on **June 10** 19**43**.
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **GEORGE COLLIER** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **MARCH 24 1860**
(Month) (Day) (Year)

Immediate cause of death **Acute Myocardial Infarction**
Starvation

8. AGE: Years **79** Months **2** Days **16** If less than one day hr. min.

Due to **Carcinoma of Stomach**
Due to **Lobar pneumonia**

9. Birthplace **UTICA NEW YORK**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **46 lb**

10. Usual occupation **HOUSEWIFE & MILLINER**

PHYSICIAN
Major findings: Of operations **46 lb**
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name **WILLIAM JONES**
13. Birthplace **LIVERPOOL ENGLAND**
(City, town, or county) (State or foreign country)
14. Maiden name **MARTHA CHATTMANN**
15. Birthplace **NEW YORK N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Harry Reed**
(b) Address **Clinton Mo. P.R.# 5**

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?

17. (a) **Burial** (b) Date thereof **6/13/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bear Creek Cem.**

While at work? (Specify type of place) (c) Means of injury
23. Signature **Geo J. [unclear]** (M. D. or other)
Address **Clinton Mo.** Date signed **6/11/43**

18. (a) Signature of funeral director **J. J. [unclear]**
(b) Address **Clinton Mo.**
19. (a) **June 12 1943** (b) **Georgia Kitchen**
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 7,
District File Number 6-43-630
Date Filed 7-8-43

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. J. Varsant
Licensed Embalmer No. 3779
P. O. Address Clinton, 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.