DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 2034

Registrar's No. 323

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 111 Stewart Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: 111 Stewart Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: ESTELLE COLLIER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Henry Allison Collier

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: 5 (Month) - 10 (Day) - 1883 (Year)

8. AGE: Years 60 | Months 7 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace: Fayette (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: George Hampton Carson

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

14. Maiden name: Zipora Eaton

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

16. (a) Informant: George Collier

(b) Address: 111 Stewart Rd., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 1-1-1944 (Date received local registrar) (b) Edna H. Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1943 hour 12:20 minute ..... A. M.

21. I hereby certify that I attended the deceased from Oct. 16, 1941 ..... 19..... to Dec. 31 1943 that I last saw her alive on Dec. 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis with secondary involvement of liver & spleen, to chest, ascites & ~~Dem~~ Stem — Duration: 3 yrs.

Due to:

Other conditions (Include pregnancy within 3 months of death): 50

Major findings: Of operations:

Of autopsy: no

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Edwin C. Schmidtke (M. D. or other)

Address: Columbia Date signed 12/3/43

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 1945

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. 4 1 3 2

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.