

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14075

State File No. _____

Registrar's No. 111

FILED MAY 13 1944

Registration District No. 826

Primary Registration District No. 3006

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:
Wilhite Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
(Specify whether
In this community 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(Specify location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MINNIE E. COLLETT

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 7 - 9 - 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 17 If less than one day
hr. _____ min. _____

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

10. Usual occupation Teacher

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Wilhite Convalescent Home

(b) Address 104 Ripley St., Columbia, Mo.

17. (a) Removal (b) Date thereof 4-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Parson Funeral Service

(b) Address Columbia, Mo.

19. (a) 4-27-1944 (b) Edna H. Burben
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1944 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 21st 1944 to April 26, 1944 that I last saw her alive on April 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Broken heart - natural
heart disease - mitral
Due to Broken heart

Due to age

Other conditions (Include pregnancy within 3 months of death) g2d

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Columbia Day signed 4/29/44

1250

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

10
24

FEB 8 1945

RECEIVED

District Health Officer No. 9;

District File Number _____

Date Filed 5-12-44

WOL 8 NDC

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed *[Handwritten Signature]*

Licensed Embalmer No. 41327

P. O. Address *[Handwritten Address]*

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.