S. No. 2
M—2-43
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X35697

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

DEPARTMENT OF COMMERCE
Bureau of the Census
FILED NOV 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36409

Registration District No. 73 | Primary Registration District No. 3014 | Registrar's No. 81

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 478 E. Mill st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~2 years~~ In this community 2 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mississippi (b) County Rankin
(c) City or town Johns
(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 No.

3. (a) PRINT FULL NAME Mrs. Susan Rebecca 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 Widow
6. (b) Name of husband or wife John H. Collier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 1 (Day) 1866 (Year)

8. AGE: Years 80 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Scott County (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Washington Crapps
13. Birthplace Scott County (City, town, or county) Miss. (State or foreign country)
MOTHER 14. Maiden name Rebecca Reeves
15. Birthplace Scott Co. (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Mrs. L. O. Jones
(b) Address 478 E. Mill St. Liberty, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Johns Mississippi
18. (a) Signature of funeral director [illegible]
(b) Address 119 E. Franklin, Liberty, Mo
19. (a) Nov. 6, 1946 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 6 day 6 year 1946 hour 4:00 minute 8 M.
21. I hereby certify that I attended the deceased from Oct 21, 1946 to, 19; that I last saw her alive on Nov 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 16 dys
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Liberty Mo. Date signed 11/6/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 11-16-46

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 O. J. Carder Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, Missouri

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.