

Registration District No. 185

Primary Registration District No. 4301

State File No. _____

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Madville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 51 yrs.
years, months or days)

3. (a) PRINT FULL NAME Mary Eva Collis

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

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

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

7. Birth date of deceased: Dec 29 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Grove Ia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George W. Stucker

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

14. Maiden name Gamaway

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

16. (a) Informant Harold Collis

(b) Address Madville, Mo

17. (a) Burial (b) Date thereof 5/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madville, Mo

18. (a) Signature of funeral director Donald Gordon

(b) Address Chillicothe, Mo

19. (a) May 20, 1947 (b) Chris A. Marten
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Madville
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1947 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 18 1947 to May 18 1947
that I last saw her alive on May 18 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration _____
chronic

Due to Diabetes Mellitus

Due to _____

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

Major findings: Of operations 61

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) (c) Means of injury _____

23. Signature E. F. Weir (M. D. or other) 0

Address Menominee, Mo Date signed May 20 1947

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Ronald F. Jordan

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.