

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41221

FILED JAN 5 1948

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Brown Cooper

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

(c) Name of hospital or institution: St. Josephs Hospital  
(If not in hospital or institution, write street number or location)

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

In this community one week  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

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

(d) Street No. East 4th St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Anderson Collet

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10  
year 1947 hour 6 minute 45 a.m.  
3 Dec 47

21. I hereby certify that I attended the deceased from 9 Dec 47 to 10 Dec 47, 19\_\_\_\_  
that I last saw him alive on 9 Dec 47, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virlee Collet

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 11 1868  
(Month) (Day) (Year)

Immediate cause of death coronary thrombosis

Duration 7 days

Due to arteriosclerotic heart disease, yrs  
(probably)

Due to \_\_\_\_\_

8. AGE: Years 79 Months 3 Days 29 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none done

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

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

12. Name John Robert Collet

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

14. Maiden name Lucy Smith

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

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) (or) Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Virlee Collet

(b) Address Salisbury, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-12-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Keatesville City Cemetery

18. (a) Signature of funeral director C. W. Windelmyer

(b) Address Salisbury, Missouri

19. (a) 12-15-47 (Date received local registrar) (b) D. Cooper (Registrar's signature) 581

23. Signature Crisler R. Ramsey (M. D. or other) MD

Address 329 Main St., Boonville, Mo Date signed 13 Dec 47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-2-48

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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 Chas B. Winckelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.**