

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1948

Registration District No. **161**

Primary Registration District No. **5609**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Latour--Rose Hill twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XXXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XXXX**
(Specify whether years, months or days)
In this community **38 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson 57**
(c) City or town **Latour**
(If outside city or town limits, write "RURAL")
(d) Street No. **XXXX**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **XXXX**

3. (a) PRINT FULL NAME **CLARA GOLDESS COLLIER**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **William Collier** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **September 4, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 10 hr. min.

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

10. Usual occupation **housewife**

11. Industry or business **at home**

12. Name **Joseph Henry Duck**

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

14. Maiden name **Cumt Stoner**

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

16. (a) Informant **Wm. Collier**

(b) Address **Latour, Missouri**

17. (a) **Burial** (b) Date thereof **12/16/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Latour, Missouri
Rose Hill cemetery**

18. (a) Signature of funeral director **Canaday and Ropp**

(b) Address **Holden, Missouri**

19. (a) **Dec 24, 1947** (b) **Mrs. H. V. Redford**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **14**
year **1947** hour **7 A.M.** minute M.

21. I hereby certify that I attended the deceased from **Aug 1**
1947 to **Dec 14** 19**47**
that I last saw h. **er** alive on **Dec 14** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Carcinomatosis 3 mo.**
Bronchogenic Carcinoma life long 1 1/2 yr.

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

Major findings:
Of operations

Of autopsy

Duration

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 **O. J. Barger** (M. D. or other) **MD**

Address **Harrisonville, Mo** Date signed **12/15/47**

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

MOTHER FATHER

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..... *Samuel B. Ropp*
Licensed Embalmer No. *4044*
P. O. Address..... *Holden 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.