

FILED OCT 26 1948

Registration District No. **289**

Primary Registration District No. **3043**

Registrar's No. **330**

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 28 yrs
years, months or days)

3. (a) PRINT FULL NAME Nathan Jay Collard
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nettie M. Collard 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Feb 19 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace Pike County mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Section Foreman

11. Industry or business _____

MOTHER FATHER { 12. Name John Collard
13. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Moon
15. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Perry Collard
(b) Address Buell mo.

17. (a) Burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director Glen Smith

(b) Address Vandalia, mo.

19. (a) 10-22-48 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature) 187

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Audrain 4
(c) City or town Vandalia, mo. 7
(If outside city or town limits, write "RURAL")
(d) Street No. 209 E Washington
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1948 hour 6 minute 50 a.m.
21. I hereby certify that I attended the deceased from 10-6
1948, to 10-12 1948

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____
Due to _____

Other conditions Chronic hypertension
(Include pregnancy within 3 months death)
Arteriosclerosis of brain
Major findings:
Of operations _____
Of autopsy 1B1B

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. _____)
Address [Address] Date signed 10/12/48

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

1230 27 1952

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 James E. Meuld

Licensed Embalmer No. 4852

P. O. Address Bowling Green, 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.