

SEP 8 1943

316

Primary Registration District No. 3061

Registrar's No. 75-

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Flat River  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Governor Belle Kolan

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

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

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married 2 divorced widowed  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept 28<sup>th</sup> 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Francois Co., Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

MOTHER FATHER

12. Name Jessie McDaniel  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Melissa Burgess  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Kolan

(b) Address Leadwood Mo.

17. (a) Burial (b) Date thereof 8-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Galdwell B...

(b) Address Flat River Mo

19. (a) Aug 5-1943 (b) Bydie Bukmsted  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois  
(c) City or town Flat River  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1  
year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from June 20, 1943 to July 1, 1943  
that I last saw him alive on July 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death gangrene left leg  
Red

Due to occlusion paplet cal artery  
Due to arteriosclerosis

Other conditions Cerebral sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury 2

23. Signature J. W. Zuppan (M. D. or other) D.O.  
Address Flat River Mo. Date signed 8/5/43

Duration Week  
Week  
5 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 943-2649  
Date Filed 9-2-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**