

REC'D FEB 7 1939

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

2343  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Osage Registration District No. 639  
 (b) Township Lebanon Primary Registration District No. 4389  
 (c) City Chambers or (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Mary Ellen Collett  
 (a) Residence, No. Chambers St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Guy Collett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
46 7 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) And (STATE OR COUNTRY) Mo

FATHER 13. NAME W. H. Johnson

14. BIRTHPLACE (CITY OR TOWN) Mint Hill (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Francis L. Marton

16. BIRTHPLACE (CITY OR TOWN) Mint Hill (STATE OR COUNTRY) Mo

17. INFORMANT Guy Collett (ADDRESS) Chambers Mo Rte

18. BURIAL, CREMATION, OR REMOVAL PLACE Shirley Cemetery DATE Feb 5 1939

19. FUNERAL DIRECTOR (NAME) Marton Funeral Home (ADDRESS) Lebanon Mo

20. FILED 2-5 1939 Eather Souder Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-26-39, 1939, to \_\_\_\_\_, 1939

I last saw her alive on 2-1-1939 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Obdurate pneumonia Bi lateral

Other contributory causes of importance: 10/3

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Ct & X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 1939

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury non

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) W. A. McKeally M. D.

(Address) Chambers 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

*W. C. Rumphus*

Licensed Embalmer No.....

*3664*

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, above space should be left blank.**