

FILED NOV 8 1945

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

Registration District No. 224

Primary Registration District No. 15796

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Moniteau County  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 FRANK UNDRILL M<sup>c</sup>COLLESTER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose M<sup>c</sup>Colleston 6. (c) Age of husband or wife if alive 58  
7. Birth date of deceased Aug. 13 1958  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Benjamin Franklin M<sup>c</sup>Colleston  
13. Birthplace Vermont (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Norman  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank M<sup>c</sup>Colleston

(b) Address California Mo.

17. (a) Burial (b) Date thereof 10-10-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springington Cem.

18. (a) Signature of funeral director Thos. Williams

(b) Address California Mo.

19. (a) 10-8-45 (b) H.R. Popejoy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 mi. E. of California  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7  
year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Suddenly 19 1945  
that I last saw him alive on Sep 1st 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
General Atherosclerosis 5 year

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

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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 H.R. Popejoy (M. D. or other)

Address California Mo. Date signed 10-8-45

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

11-7-45

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

*Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address

*California 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.