

FILED JUL 11 1944

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 3046

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Monteare  
(b) City or town California  
(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 \_\_\_\_\_  
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Katherine Collett

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Collett 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Nov 24 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monteare MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name F. W. Tappeler

13. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

14. Maiden name Harrist Bantrop

15. Birthplace Monteare MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Collett

(b) Address California

17. (a) Burial (b) Date thereof 6/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City of

18. (a) Signature of funeral director J. H. Coleman

(b) Address California

19. (a) 6-26-44 (b) Agall  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteare  
(c) City or town California 6A  
(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 June day 25  
year 1944 hour 7 minute 4 M.

21. I hereby certify that I attended the deceased from death  
when first seen 19\_\_\_\_ to 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary occlusion  
Due to Death instantaneous

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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 Kyrion Latham 3 (M. D. or other) \_\_\_\_\_

Address California MO Date signed 6-26-44

JUL 11 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-44

**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. 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.**