

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4178  
Do not use this space.

REC'D FEB 16 1939

1. PLACE OF DEATH

(a) County Nevada Registration District No. 895  
 (b) Township Center Primary Registration District No. 3039 Registered No. 12  
 (c) City Nevada (d) Street No. 1120 W. Lee 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 0 yrs. 2 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

452 Martha Lou Collins  
 (a) Residence, No. 1120 W. Lee 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Child)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
0 2 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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) Nevada 0  
 (STATE OR COUNTRY) Missouri 1

13. NAME Charles T Collins 0

14. BIRTHPLACE (CITY OR TOWN) Evansville, 1  
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Carrie Lucile Ellipt

16. BIRTHPLACE (CITY OR TOWN) Mt. Vernon, 1  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Charles T. Collins  
 (ADDRESS) Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moore Cemetery DATE Jan 13, 1939

19. FUNERAL DIRECTOR (NAME) Felix Funeral Home  
 (ADDRESS) Nevada, Mo

20. FILED Jan 16, 1939 Allen V. Hays  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939, to Jan 11, 1939  
 I last saw her alive on Jan 11, 1939 Death is said to have occurred on the date stated above, at 7:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar)  Don't know

Other contributory causes of importance:  
mal-nutrition

Name of operation none Date of

What test confirmed diagnosis? Exam 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, 19.....

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

Nature of injury

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

If so, specify

(Signed) W. H. Rose, M. D.

(Address) Nevada, Mo

HEALTH DEPARTMENT  
STATE OF NEVADA  
BUREAU OF HEALTH  
DIVISION OF PUBLIC HEALTH

RECEIVED  
District Health Officer No. 7-39  
District File Number 2-9-39  
Date Filed

**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, Personally,  
....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Lloyd R. Wesscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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, above space should be left blank.**