

JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22515

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 457
 (b) Township Freedom Primary Registration District No. 46113
 (c) City _____ (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

452 Josephine Virginia Collins
 (a) Residence, No. _____ 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Collins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 13 1849
 7. AGE YEARS 90 MONTHS 3 DAYS 13 IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Tahoe, Ca. Mo.
 (STATE OR COUNTRY)

13. NAME Alexander Greer
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY)

15. MAIDEN NAME Louisa Cleary
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
 (STATE OR COUNTRY)

17. INFORMANT Archie Collins
 (ADDRESS) Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Cem. Tahoe, Ca. Mo.
 PLACE DATE June 28 1939

19. FUNERAL DIRECTOR (NAME) W.F. Wilcox Funeral Service
 (ADDRESS) Warrensburg Mo.

20. FILED June 27 1939 Ferdinand Shugman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1939

22. I HEREBY CERTIFY that I attended deceased from February 1939 to June 26 1939
 I last saw her alive on June 25 1939. Death is said to have occurred on the date stated above, at 4:15 PM
 The principal cause of death and related causes of importance were as follows:

myocarditis
93 H1
 Date of onset 8-1-39

Other contributory causes of importance:

Senile Dementia 1934

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Dr. J. H. Williams, M. D.
412 (Address) Concordia

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50-9-1-1034

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RECEIVED
J. H. Health Officer No. 8,
Date Filed 7/12/39
File Number

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..... *Donald L. Taylor*

Licensed Embalmer No. *3053*

P. O. Address *Warrensburg 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.