

6773

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 365Primary Registration District No. 5511Registrar's No. 1

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Rural - Wheatland Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(d) Length of stay: In hospital or institution 2

(Specify whether

In this community _____
years, months or days)3. (a) PRINT
FULL NAMEDavid Allen Collins

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

m5. Color or
race whit6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife

Margarette

6. (c) Age of husband or wife if

alive 73 years

7. Birth date of deceased

Jan
(Month)27
(Day)1859
(Year)

8. AGE:

Years

80

Months

11

Days

15

If less than 'one day

hr. _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Indevauk

10. Usual occupation

Maintenance Foreman

11. Industry or business

Railroad

12. Name

Smith Collins H

13. Birthplace

(City, town, or county)

(State or foreign country)

Scottland

14. Maiden name

Wray

15. Birthplace

(City, town, or county)

(State or foreign country)

Wales H

16. (a) Informant's own signature

Frank Collins

(b) Address

Wheatland Mo17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

Bucklin Mo

(c) Place: burial or cremation

Bucklin Mo

18. (a) Signature of funeral director

J.R. Buckley

(b) Address

Wheatland Mo19. (a) Jan. 13

(Date received local registrar)

(b) Mrs. A. S. Johnston

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

Hickory

(c) City or town

Rural - Wheatland Mo

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

_____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Jan

day

12 - 1940year 1940

hour _____

minute _____

M.

21. I hereby certify that I attended the deceased from

Jan - 1_____ 1940 toJan - 12 - 1940that I last saw him alive on _____ 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death I was sick and never

Duration

Saw this patient but in my
opinion he had some valvular
heart disease that resulted
in acute dilatation.

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 sta-
tistically.

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? _____

(Specify type of place)

While at work? _____

(e) Means of injury _____

28. Signature

R.B. Johnston M.D. (M. D. or other)Address Wheatland MoDate signed 1-13-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MARGIN RESERVED FOR BINDING

50M-5-17-39

GPO : 19381

RECEIVED

District Health Officer No. 2,

District File Number 240-657

Date Filed 2/27/40

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

J. P. Luckey

Licensed Embalmer No.

2982

P. O. Address

Wheatland 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.