S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8307

Registration District No. 821 — Primary Registration District No. 6070 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston, Mo. Rfd. # 1
(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 (Specify whether years, months or days)
In this community: 39 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston, Mo. Rfd # 1
(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.

3. (a) PRINT FULL NAME: Oscar Collins 452
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: Mary Collins
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: May (Month) 17th (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
62	9	28	hr. min.

9. Birthplace: Vienna (City, town, or county) Ill (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: David Collins
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mary Collins
(b) Address: Sikeston, Mo. Rfd. # 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 17, 40 (Month) (Day) (Year)
(c) Place: burial or cremation: Memoral Park, Sikeston, Mo.
18. (a) Signature of funeral director: John Creason
(b) Address: Sikeston, Mo.
19. (a) 3-23-40 (Date received local registrar) (b) G. W. Presnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15th year 1940 hour 5:25 minute P. M.
21. I hereby certify that I attended the deceased from June 28, 1939, to Mar 15, 1940 that I last saw him alive on March 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Right Cerebral Thrombosis — Duration 9 days
Due to: Hypertension — 1 year
Due to:
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

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): No
(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:
23. Signature: M. Anderson (M. D. or other)
Address: Sikeston Date signed 3-24-40

(Licensed Embalmer's Statement on Reverse Side)

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 me-

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Allenton

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.