

FILED SEP 25 1940

Registration District No. **655**

Primary Registration District No. **655**

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

1. PLACE OF DEATH:

(a) County **Penicook**  
(b) City or town **Rural**  
(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) **2**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Penicook**  
(c) City or town \_\_\_\_\_ (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.

8. (a) PRINT FULL NAME **William H. Collins**

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Elizabeth Collins** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 1858**  
(Month) (Day) (Year)

8. AGE: Years **82** Months ~~7~~ Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Winston county Ala.** (City, town, or county) (State or foreign country)

10. Usual occupation **aged Farmer**

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

12. Name **William Collins**

13. Birthplace **Ala.** (City, town, or county) (State or foreign country)

14. Maiden name **Sinda French**

15. Birthplace **Ala.** (City, town, or county) (State or foreign country)

16. (a) Informant **Laura Collins**  
(b) Address **Smith, Mo.**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (c) Place: burial or cremation **Coleman**

18. (a) Signature of funeral director **Emerson Burns**  
(b) Address **507**  
(c) \_\_\_\_\_ (Specify type of place) (e) Means of injury

19. (a) **JK** (b) **JK**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **13** year **1940** hour **11:30** minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from **Nov 1937** 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **I understand he had cellulitis**  
Due to **Cellulitis**

Due to \_\_\_\_\_  
Other conditions **120 B**  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

23. Signature **W. M. Williams** (M. D. or other) \_\_\_\_\_  
Address **11516 N. D.** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9-40-15

**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.....

P. O. Address.....

**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.**