

5-17-39
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Registration District No. **498**

Primary Registration District No. **4301**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Linn**
(b) City or town **Bucklin**
(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 **2**
In this community **46 yrs.**
years, months or days (Specify whether)

FILED DEC 1 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Linn**
(c) City or town **Bucklin**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21**
year **1940** hour **3** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **June 1936** to **10/21 1940**
that I last saw him alive on **10/22 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ulcer of Bronchial tubes**
Due to **Hemorrhage**
Due to **Bronchietasis**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **106/10**
Of autopsy

Duration **Life**
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME **RAY L. COLLINS**

8. (b) If veteran, name war **0** 8. (c) Social Security No. **0**

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

6. (b) Name of husband or wife **Blanche Collins** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **July 3, 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **3** Days **17** If less than one day hr. min.

9. Birthplace **Clarkdale, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Queen of Restaurant**

11. Industry or business **Operating Restaurant**

12. Name **Davis Allen Collins**

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

14. Maiden name **Margaret Elizabeth Morgan**

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

16. (a) Informant **Blanche Collins**

(b) Address **Bucklin, Mo.**

17. (a) **Burial** (b) Date thereof **Oct 23, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mission Cem.**

18. (a) Signature of funeral director **W. J. ...**
(b) Address **Bucklin, Mo.**

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

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

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..... *E.A. Larson*

Licensed Embalmer No. *4037*

P. O. Address *Bushlin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39126

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 448

Primary Registration District No. 4301

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Burkeville
(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
in this community _____ years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ray L. Collins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if
alive _____ year _____ (Year)

7. Birth date of deceased 7 3 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Clarksville _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct 23-1940 (b) J. L. Cantorick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(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.

20. DATE OF DEATH: month Oct day 21
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of Bronchial Tube

Due to Hemorrhage

Due to Bronchietasis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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) _____

(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature D. C. Green (M. D. or other) _____
Address Burkeville Mo Date signed _____

SUPPLEMENTARY

S-39126. 1940