

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39537

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(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 70 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME MARY E. COLLINS

8. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife LEONIDAS COLLINS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH - 31 - 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Clinton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housework

12. Name N. SEBURN JEFFERSON DAVIS
13. Birthplace Clinton county Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name VIRGINIA DAVIS YOUNG
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. D. Vladuka

(b) Address 304 S. 9th St. Marshalltown Iowa

17. (a) Burial (b) Date thereof Nov-24-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Mo

18. (a) Signature of funeral director W. W. Hillman
(b) Address Unionville Mo

19. (a) Nov. 25, 1940 (b) W. W. Hillman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Unionville
(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 Nov day 21
year 1940 hour 9 minute 10 p. M.

21. I hereby certify that I attended the deceased from July 20, 1940, to Aug 20, 1940
that I last saw her alive on Aug 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Do not know. Had Heat exhaustion July 20 - 1940 and did not regain strength & pain
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 2 D.D.W

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? 645
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. H. Magee (M. D. or Other) MD
Address Unionville Mo Date signed Nov 22 - 40

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

FILED DEC 11 1940

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

6
4
0

RECEIVED

District Health Officer No. 10

District File Number 12-40-2225-

Date Filed DEC 7 1940

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. M. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.