DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43135

FILED JAN 20 1941

Registration District No. 570 Primary Registration District No. 5-402 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Macon Mo.
(b) ~~City or town~~ Rural Jackson Township
(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 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Rural
(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 James B. Collins
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amelia Collins
6. (c) Age of ~~husband or~~ wife if alive years
7. Birth date of deceased March (Month) 10" (Day) 1853 (Year)

8. AGE: Years 87 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Collins
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Laughery
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs James B. Collins
(b) Address Atlanta Mo. R.1.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive Cem.
18. (a) Signature of funeral director Stephens & Goodding
(b) Address Macon, Mo.
19. (a) 12-9-1940 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18" year 1940 hour 7 minute 25 A.M.
21. I hereby certify that I attended the deceased from Nov 15 to Nov 17, 1940, to, 19; that I last saw him alive on Nov 17, 1940 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage 3 dy
Due to a fall crush of
Due to Bright's
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 statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov 15
(c) Where did injury occur? Macon Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury 3
23. Signature [illegible] (M. D. or other) DO
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

2127
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RECEIVED
[illegible] Health Officer No. 10
[illegible] File Number 1-41-25
Date Filed JAN 7 1941

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.