

6
JAN 25 1941 No. 719

Primary Registration District No. 5-95-0

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Elm
(c) Name of hospital or institution: Worthington No R70
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam
(c) City or town Pura
(d) Street No. Worthington, Mo R70
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAMES Shelby Miller 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 Emma Collins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 8 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name James J. Collins
13. Birthplace Ken
14. Maiden name Mahala Baker
15. Birthplace Ken

16. (a) Informant James Collins

(b) Address Worthington, Mo

17. (a) Burial (b) Date thereof Jan 2 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation Long Pine Church

18. (a) Signature of funeral director W. H. Hester

(b) Address Unionville, Mo

19. (a) Jan 25 1941 (b) Mavis Martin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1940 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Dec-31, 1940 that I last saw him alive on Dec 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Nephritis
Nephroma Rt. Kidney
Due to Malignancy Rt. Kidney
Due to Carcinoma Prostate

Duration
10 yrs
Dec 15 1940
May 15 1940
May 1940

Other conditions (Include pregnancy within 3 months of death) 51

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) _____
(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 Neal Martin (M. D. or other) 1
Address Unionville Date signed 1/1/41

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-44

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 Muriel E. Hurst

Licensed Embalmer No. 3304

P. O. Address Unionville

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.