

Registration District No. **609**

Primary Registration District No. **4363**

Registrar's No. **28**

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
519 West Spring St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 18 years /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Neosho, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 519 West Spring
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Cora Collins

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

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

6. (b) Name of husband or wife Henry Collins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 30 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 10 _____ hr. _____ min.

9. Birthplace New York /
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Dont Know

13. Birthplace Dont Know /
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont know /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice McNamire

(b) Address Neosho, Mo. R. 4

17. (a) Burial (b) Date thereof 3-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Mo.

18. (a) Signature of funeral director Blut Buzard

(b) Address Seneca, Mo.

19. (a) 3-13-41 (b) Anala Salemi
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2-14-41
_____ 19____ to March 10 1941;
that I last saw her alive on 3-3-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the rectum with metastasis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy None

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? _____

54-3
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature William E Bowman (M. D. or other) MD
Address Neosho, Mo Date signed 3-13-41

Duration
About three
years

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED

District Health Officer No. 6,

District File Number 441-618

Date Filed 4-11-41

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 _____

James Weldon Buzzard, Registered Apprentice No. 239
working under my personal supervision.

Signed J. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca, 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.