

Registration District No. 875-

Primary Registration District No. 3039

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 804 West Arch 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community One Month
years, months or days)

3. (a) PRINT FULL NAME Adah A. Hill
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased July 9 1899
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Thomas H. Collins
13. Birthplace Virgil City Missouri
14. Maiden name Winnise B. Stewart
15. Birthplace Council Bluffs Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant P. O. Hill
(b) Address Clinton Missouri

17. (a) Burial (b) Date thereof April 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Spore

(b) Address Clinton Missouri

19. (a) 4-5-41 (b) Allen T. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 820 East Gardner 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION Dr. E. R. Remy

20. DATE OF DEATH: Month Mar day 29
year 1941 hour 8 minute 17 M.

21. I hereby certify that I attended the deceased from March 7 1941 to Mar 29 1941
and that I last saw her alive on Mar 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrohemorrhage Duration 1 day

Due to Carcinoma of brain (metastatic) ?

Due to Adenocarcinoma of breast ?

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operation Breast removed Aug. 1939
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 Dr. Remy (M. D. or other) _____
Address Nevada, Mo Date signed 3-30-41

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

RECEIVED

District Health Officer No. 7,

District File Number 5-41-803

Date Filed 5-7-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. R. Kenney Clinton, Jr.

Licensed Embalmer No. 3099.

P. O. Address 408 E. Franklin

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, fact should be so stated above.