

Registration District No. 468

Primary Registration District No. 5629

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Jogan, Mo.  
(If outside city or town limits, write "RURAL" and name of township.)  
(c) Name of hospital or institution: 1 Rm. 101 for Mrs. Collins  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 years. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence  
(c) City or town Jogan, Mo.  
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1941 hour 2 minute 30 A.M.  
21. I hereby certify that I attended the deceased from May 1, 1941 to May 21, 1941; that I last saw him alive on May 15, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 2 weeks  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions hypertension  
(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) \_\_\_\_\_  
(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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Wayne McLeaver (M. D. or other) \_\_\_\_\_  
Address Marionville, Mo Date signed 5/21/41

8. (a) PRINT FULL NAME Joseph Dornington Collins  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Adria Collins 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Dec 15, 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Polijah Collins

MOTHER FATHER { 12. Name J. Tennessee  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Caroline Ann Smith  
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Leo Collins  
(b) Address Jogan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-41 (Month) (Day) (Year)  
(c) Place: burial or cremation Wade Chapel

18. (a) Signature of funeral director Wallace Ford Jones  
(b) Address Billings, Mo.

19. (a) May 21, 1941 (Date received local registrar) (b) Kaura O. Connady (Registrar's signature)

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

RECEIVED  
DISTRICT OFFICER (NO. 6)  
DISTRICT FILE NO. 44-905  
Date Filed JUN 9 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 \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

**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.**