

S. No. 2  
—11-10-39  
v. 5-17-39  
No 1 X21492

FILED JUN 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19261

State File No. \_\_\_\_\_

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 147

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

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:  
507 E Maple  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 10 days  
years, months or days)

3. (a) PRINT FULL NAME Mahala Amandaville Collins

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Frank Collins 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Oct 27, 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 7 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Henry Philipp

13. Birthplace Benton Co, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Prime

15. Birthplace Morristown Co, Calif  
(City, town, or county) (State or foreign country)

16. (a) Informant Saldia Ross

(b) Address 507 E Maple Nevada, Mo

17. (a) Removal (b) Date thereof 5/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Forrestal

(b) Address Nevada, Mo

19. (a) 5/13/41 (b) Allen Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Adair  
(c) City or town Idola  
(If outside city or town limits, write "RURAL")  
(d) Street No. 710 E Neosho  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4, year 1941 hour 7:05 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1941 to May 4, 1941 that I last saw her alive on May 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 JW (M. D. or other) \_\_\_\_\_  
Address Nevada Mo Date signed 5/17/41

Duration 6 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,  
District No. Number 6-41-961  
Date Filed 6-10-41

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 Lloyd B. Wrenn  
Licensed Embalmer No. 3857  
P. O. Address Wvada, 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.