

Registration District No. **420**

Primary Registration District No. **4283**

Registrar's No. **94**

1. PLACE OF DEATH:
 (a) County Lawrence Co
 (b) City or town mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 49 years (Specify whether years, months or days)
 In this community 49 years

3. (a) PRINT FULL NAME Isabelle Collins
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife W. H. Collins 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 30 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name E. W. Boardenburgh
 { 13. Birthplace Evansville Kentucky
(City, town, or county) (State or foreign country)
 { 14. Maiden name Margaret Hubbard
 { 15. Birthplace Evansville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Harrison
 (b) Address mt. Vernon Mo

17. (a) Burial (b) Date thereof June 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation S.O.O.F. Cemetery

18. (a) Signature of funeral director H. D. Fessett
 (b) Address mt. Vernon Mo

19. (a) 6-20-1941 (b) PA Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
 (c) City or town mt. Vernon
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
 year 1941 hour 4:30 minute PM M.
 21. I hereby certify that I attended the deceased from Nov. 19
1940, to _____, 19____;
 that I last saw her alive on June 13, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Osteomyelitis ✓
 Duration 1 year +
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
421 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature PA Holmes (M. D. or other) 11
 Address mt. Vernon Date signed 6-18-41

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

JUN 30 1941

JUL 11 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.....

Max L. Fossett

....., Registered Apprentice No. *268*

working under my personal supervision.

Signed.....

H. D. Fossett

Licensed Embalmer No. *2201*

P. O. Address *Mt. Vernon*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Lawrence } ss.

State File No. 94

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 740

On this 9 day of July, 1941, before me appears Albert Garinger

....., who, upon his oath, states that the original record of ^{birth} death
for Isabelle Collins, ^{died} ~~born~~ June 18, 1941, in the State of
Missouri, and which was filed at Mt. Vernon, Mo. on June 20, 1941, should be corrected as follows:

Item No. 20 should read Date of death June 18, 1941

Instead of June 18, 1940

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Albert Garinger Adm.
Relationship.

Mt Vernon, Mo
Present Address.

Subscribed and sworn to before me this 9 day of July, 1941

My Commission expires Mar 24-1942 Blou Pugh Notary Public

S-22039