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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Farthing

State File No. 28343

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 699

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Bapst. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie Ellnor Collins
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Merl F. Collins
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Nov. (Month) 27 (Day) 1916 (Year)

8. AGE: Years	Months	Days	If less than one day
24	9		hr. min.

9. Birthplace Bolivar, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Henry N. Biven
FATHER 13. Birthplace Maysville (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Rhoda B. Rafferty
MOTHER 15. Birthplace Halfway (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Merle F. Collins
(b) Address Nevada, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 8-29-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1941 hour 4 minute 30 p. M.
21. I hereby certify that I attended the deceased from Aug. 26 1941, to Aug 27 1941, that I last saw her alive on Aug 27 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma — Duration
Due to Diabetes Mellitus
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Gene W. Farthing (M.D.)
Address 512 Med Arts Bldg, Springfield Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Walter E. Hamilton.....

Licensed Embalmer No.....3808.....

P. O. Address.....Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.