

No. 2  
4-13-40  
5-17-39  
X 23159

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

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Jasper

(a) County.....

(b) City or town..... Joplin Mo.

(c) Name of hospital or institution.....  
2021 Porter Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community..... 85 years;  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME PINKNEY B. COLLINS.

3. (b) If veteran, name war..... No

3. (c) Social Security No..... No

4. Sex Male ( ) race White

5. Color or race.....

6. (a) Single, widowed, married, divorced..... widowed

6. (b) Name of husband or wife..... MARTHA J. COLLINS

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... OCT. 6, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 11 0 hr. min.

9. Birthplace Newton County Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business.....

12. Name Quinn Collins.

13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Johnson.

15. Birthplace No record available  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha Dixon

(b) Address 2021 Porter Ave. Joplin Mo;

17. (a) Burial (b) Date thereof Sept. 9, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 9-8-41 (b) Ed Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town..... Joplin. 2  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 2021 Porter Ave.  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 6, day 1941;  
year..... hour 6-00 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Aug 25  
1941, 19....., to Sept 4, 1941;  
that I last saw h..... alive on Sept 4, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Embolism 10 days

Due to.....

Due to..... 438

Other conditions Arthritis  
(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?..... (Specify type of place)

(e) Means of injury.....

23. Signature J M Gray (M. D. or other) 0

Address Joplin Mo. Date signed 9-8-41.

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

MOTHER FATHER

41-10-874

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**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.....

*Steve D Parker*

Licensed Embalmer No. *2548*

P. O. Address.....

*Poplar St*

**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.**