

Registration District No. **875**

Primary Registration District No. **3039**

Registrar's No. **309**

1. PLACE OF DEATH:

(a) County **Vernon**  
 (b) City or town **Nevada**  
 (c) Name of hospital or institution:  
**at home**  
 (d) Length of stay: In hospital or institution...  
 In this community **17 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon**  
 (c) City or town **Nevada**  
 (d) Street No. **Corn Ashland & Olive**  
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Floyd Don Collins**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **August 23 1941**

8. AGE: Years **1** Months **29** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Spring Creek Mo.**

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Charles T. Collins**  
 13. Birthplace **Evanston Ill.**  
 14. Maiden name **Carrie Lucille Ellipton**  
 15. Birthplace **metz Mo.**

16. (a) Informant **Chas. T. Collins**

17. (a) **Burial** (b) Date thereof **10-22-41**

18. (a) Signature of funeral director **More Cemetery**

19. (a) **10-21-41** (b) **Allen V. Hoop**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21** year **1941** hour **11** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Oct 20** to **Oct 21** 19**41** that I last saw him alive on **Oct 21** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Dehydration**  
 Due to **Diarrhea of Stomach**  
 Due to **Malnutrition**  
 Other conditions **since birth**  
 (Include pregnancy within 3 months of death)

Duration  
**3 wks**  
**4 1/2 wks**  
**7 wks**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **none**

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
**1190**

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? \_\_\_\_\_  
 (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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed **10-22-41**

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1823

Date Filed 11-7-41

**STATEMENT BY LICENSED EMBALMER**

*not embalmed*

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 Allen E. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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, fact should be so stated above.**