. No. 2
—1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21269
State File No.

Registration District No. 334 | Primary Registration District No. 4197 | Registrar's No. 52

1. PLACE OF DEATH:
(a) County HARRISON Bethany-Mo
(b) City or town RURAL SHERMAN TWSP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BETHANY HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community years, months or days)

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

3. (a) PRINT FULL NAME JOSIAH COLLINS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife MARY E.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 25 (Day) 1855 (Year)
8. AGE: Years 86 Months 8 Days 27 If less than one day hr. min.
9. Birthplace ✓ (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name JAMES S. COLLINS
13. Birthplace DO NOT KNOW (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name MARY A. DOOLITTLE
15. Birthplace DO NOT KNOW (City, town, or county) 9 (State or foreign country)
16. (a) Informant Harley Collins
(b) Address Bethany, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/24/1942 (Month) (Day) (Year)
(c) Place: burial or cremation ANTIOCH CEMETERY
18. (a) Signature of funeral director S.M. Hass
(b) Address Bethany, Mo.
19. (a) June 6-1942 (Date received local registrar) (b) Zola M. Burton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22 year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from 5-20 1942 to 5-22 1942 that I last saw him alive on 5-22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Anemia — Duration ?
Due to Inadequate diet. Possible malig. ✓
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature R. R. Lydden Jr. (M. D. ~~or other~~)
Address Bethany, Mo. Date signed 6-3-42

3113 (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 Thornton H. Hass

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.

7. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21269

Registration District No. 334 Primary Registration District No. 4197 Registrar's No.

1. PLACE OF DEATH:

(a) County: Harrison

(b) City or town: Bethany (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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: Josiah Collins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug (Month) 25 (Day) 1855 (Year)

8. AGE: Years 86 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour minute M.

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

Immediate cause of death: Carcinoma of stomach — Duration

Due to: Exsanguination

Due to: Senility

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? —

While at work? — (Specify type of place) (e) Means of injury

23. Signature: R. R. Lyddan Jr. (M. D. or other)

Address: Bethany, Mo. Date signed 8-27-42

SUPPLEMENTARY

#6