

FILED OCT 10 1942

Registration District No. 737

Primary Registration District No. 3023

Registrar's No. 178

42
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2

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution Community Clinic Hospital
(d) Length of stay: In hospital or institution 14 yrs
In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(d) Street No. C 905th
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Doris Collins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Conrad J. Collins 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased 4 22 1923

8. AGE: Years 19 Months 4 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business:

MOTHER FATHER { 12. Name Charles Smith
13. Birthplace Henry Co (City, town, or county) (State or foreign country) Mo
14. Maiden name Estelle Foye
15. Birthplace Clinton (City, town, or county) (State or foreign country) Mo

16. (a) Informant Gene Foye

(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 9 6 1942
(c) Place: burial or cremation Conglewood Cem

18. (a) Signature of funeral director Fred C. Williams

(b) Address Clinton Mo

19. (a) Sept. 6, 1942 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1942 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1942 to Sept. 17 1942
that I last saw her alive on Aug 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death relapsing malaria Duration 3 mos

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1480

Major findings: Of operations _____

Of autopsy _____

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 Joseph B. Smith (M. D. or other) Mo
Address Clinton Mo Date signed 9-5-42

Duration

3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 19 1948

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1112

Date Filed 10-8-42

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

Ted Wilkerson

Licensed Embalmer No. 2978

P. O. Address Clinton, 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.