

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

FILED FEB 9 1943

Registration District No. **1**

Primary Registration District No. **40021**

1. PLACE OF DEATH:
(a) County **ADAIR**
(b) City or town **BRASHEAR**
(c) Name of hospital or institution: **NONE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **ADAIR**
(c) City or town **BRASHEAR**
(If outside city or town limits, write "RURAL.")
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **MRS. MARY COLLINS**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JAN** day **5th** year **1943** hour **7** minute **0** A. M.
21. I hereby certify that I attended the deceased from **from** **Adair Co** 19... to **Dec 5** 19... that I last saw him alive on **Dec 10** 1943 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **JOHN COLLINS**
6. (c) Age of husband or wife if alive **8** years

Immediate cause of death **Myocarditis**
Duration **7²⁰**

8. AGE: Years **91** Months **2** Days **27** If less than one day hr. min.

Due to **partly to extreme ages**

9. Birthplace **PERRY COUNTY OHIO**
(City, town, or county) (State or foreign country)

Due to **93**

10. Usual occupation **HOUSEWIFE**

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

12. Name **WILLIAM GREEN**

Major findings: Of operations

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

Of autopsy

14. Maiden name **HANNAH SKINNER**

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

16. (a) Informant **Frank Garlock**

17. (a) **burial** (b) Date thereof **Jan 7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Douglas Iowa**

18. (a) Signature of funeral director **F. R. Gentry**

(b) Address **Brashear Mo**

19. (a) **Jan 7 1943** (b) **Mrs. J. Wagner**
(Date received local registrar) (Registrar's signature)

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 **H. M. Humphrey** (M. D. or other) **M.D.**

Address **Brashear Mo** Date signed **1-5-43**

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

1049

FEB 10 1943

RECEIVED
District Health Officer No. 10
District File Number 243-184
Date Filed FEB 8 1943

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 Geo B Casley Jr
Licensed Embalmer No. 3756
P. O. Address Hurdland 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.