No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1469

Registration District No. 28 | Primary Registration District No. 45-62-4037 | Registrar's No. 10

1. PLACE OF DEATH:
(a) County: BATES
(b) City or town: FOSTER - WALNUT TWP
(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
In this community: 50 YEARS
years, months or days)

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

3. (a) PRINT FULL NAME: EMMA JANE COLLINS
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: /
6. (b) Name of husband or wife: W.M. COLLINS
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: JAN - 23 1865
(Month) (Day) (Year)

8. AGE: Years 77 | Months 11 | Days 3 | If less than one day ..... hr. ..... min. /
9. Birthplace: ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: /
FATHER
12. Name: HENRY GILL
13. Birthplace: ILL.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN -
15. Birthplace: ILLINOIS
(City, town, or county) (State or foreign country)
16. (a) Informant: Wm Collins
(b) Address: FOSTER MO -
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC-28-42
(Month) (Day) (Year)
(c) Place: burial or cremation: SALEM - CEMETERY
18. (a) Signature of funeral director: Booths
(b) Address: Butler Mo
19. (a) Dec 31. (Date received local registrar) (b) Mrs Ethel Godsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 26TH year 1942 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from SEPT 26 - 1942, to Dec 18, 1942; that I last saw h. alive on Dec - 18, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Dropsy.
Due to: Heart - Mitral regurgitation
Due to: Nephritis
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J R Phillips (M. D., or other)
Address: Pleasanton Kan. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

52

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

RECEIVED
District Health Officer No. 7
District File Number 42-1403
Date Filed 12-43

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.

S. No. 2B
M—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. 1469

Registration District No. 28 Primary Registration District No. 4037 Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Foster (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: Emma Jane Collins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color of race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: June 23 1868 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days If less than one day min.

9. Birthplace (City, town, or county) Ill. (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) Ethel Goodenough (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 6 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: Dropsey

Due to: Heart - Mitral regurgitation

Due to: Nephritis Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature: J. P. Kinnaway (M. D. or other)

Address: Pleasanton Kan. Date signed 3-1-43

SUPPLEMENTARY