

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6454**

FILED FEB 17 1943 7

Primary Registration District No. **5518**

Registrar's No. **24**

1. PLACE OF DEATH:

- (a) County **Henry**
(b) City or town **Rural, Chalker township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **At home**
(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 ☒ (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Walter Clark Collins

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Collins**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Jan 17 1862**

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

81

0

10

hr. min.

9. Birthplace

Putnam Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Common laborer

11. Industry or business

12. Name **Sylvester S. Collins**

13. Birthplace **Burlington R.F.D. Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Marshall Valentine**

15. Birthplace **Putnam Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joe Barnes**

(b) Address **Montrose Mo.**

17. (a) **Burial** (b) Date thereof **Jan 28 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chalker Cemetery**

18. (a) Signature of funeral director **Allen B. Baggery**

(b) Address **Montrose Mo.**

19. (a) **January 28, 1943** (b) **Georgia Kitchen**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Henry**
(c) City or town **Montrose Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Chalker township (6 mi. north Montrose)**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **27th**
year **1943** hour **One** minutes **30** A.M.

21. I hereby certify that I attended the deceased from **Aug 8**, 19**42**, to **Aug 31**, 19**42**;
that I last saw him alive on **Aug 31**, 19**42**,
and that death occurred on the date and hour stated above.

Immediate cause of death

Arterio-sclerosis

Due to

Due to

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature **W. E. Baggery** (M. D. or other) **MD**
Address **Montrose Mo.** Date signed **1-27-43**

1064

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

2-43-130
2-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate *not embalmed* ~~was embalmed~~ by me, or by.....

Registered Apprentice No.....

working under my personal supervision.

Signed

Allen V. Hays

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.