

REG. MAY 11 1943  
Registration District No. 714

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Rural - Warsaw  
(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. 7 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred. W. Collins

3. (b) If veteran, name war ..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Myrtle Collins 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased 8-18-1883  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation farmer

MOTHER FATHER

11. Industry or business .....  
12. Name Louis Collins  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Collins  
(b) Address Sullivan Mo  
17. (a) Rural (b) Date thereof 4-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chappel Hill Mo

18. (a) Signature of funeral director Sherwood Mitchell  
(b) Address St. Clair, Mo  
19. (a) April 10, 1943 Lilbert Gilhaus  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town Rural - Warsaw  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 22 to April 9, 1943  
that I last saw him alive on April 8, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death conduary Throat Laceration  
Duration months

Due to .....

Due to gta

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? .....  
White at work? (Specify type of place) (e) Means of injury i

23. Signature W. E. Mitchell (M. D. or other) MD  
Address St. Clair Mo Date signed 4/10/43

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

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**.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.....

*Sherwood Kitchell*

Licensed Embalmer No.....

*3873*

P. O. Address.....

*St Clair, 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.**