

3. No. 2
1-5-42
5-17-39
PI x3187

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25099

State File No.

FILED AUG 7 1943

Registration District No.

Primary Registration District No. 5564

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural Union Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
near Minimum
(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) 61 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural - Union
(If outside city or town limits, write "RURAL")

(d) Street No. near Minimum
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT Telitha Wray Collins
FULL NAME

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife George Collins

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May 14 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>13</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Henry Wray

13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lucrecia Vinson

15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Collins

(b) Address Minimum Mo.

17. (a) burial (b) Date thereof 7-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minimum Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address R. White Ironton Mo.

19. (a) 7-30-43 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 15 1943 to July 27 1943
that I last saw her alive on July 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Oedema

Due to III C

Other conditions chronic heart lesion
(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 0

23. Signature C. S. Jones, D.O. (M. D. or other)

Address 7-30-43 Date signed.....

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

MOTHER FATHER

1283

(Licensed Embalmer's Statement on Reverse Side) Prodnorath Mo.

RECEIVED

District Health Officer No. 4
District File Number 843-2517
Date Filed 8-6-42

REC'D 1 14 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 Annel White

Licensed Embalmer No. 3012

P. O. Address Broton 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.