

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34807

State File No. _____

FILED NOV 12 1943
Registration District No. 4

Primary Registration District No. 4208

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Cainsville
(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 All life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Cainsville,
(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 _____

3. (a) PRINT FULL NAME Bascom Everette 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 Cora Collins

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 8 1866
(Month) (Day) (Year)

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

77 5 8 _____ hr. _____ min.

9. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Abslom W. C. Collins

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

14. Maiden name Sophia Lusk

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

16. (a) Informant Cora Collins

(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof Oct. 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri

19. (a) Oct. 19-43 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 16
Year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 1
_____ 1940 to Oct 16, 1943
that I last saw him alive on Oct. 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Sclerosis

Due to _____

Due to _____

Other conditions Arteriosclerosis Right side Periph
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy n.d.

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)

Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Cainsville, Missouri Date signed 10/16/43

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

41
0
0

1123

(Licensed Embalmer's Statement on Reverse Side)

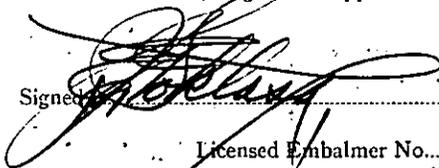
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Eddie J. Stoklasa

Registered Apprentice No.

working under my personal supervision:

Signed 

Licensed Embalmer No. **3602**

P. O. Address **Gainsville, Missouri.**

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.