

ED NOV 6 1943

Registration District No. 342

Primary Registration District No. 6153

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Holland Co Mo Near Bell City  
(b) City or town Near Bell City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Near Bell City Mo (Rural)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs  
In this community 10 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FARY COLLINS

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife DAVID COLLINS 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased July 3 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 1 17 hr. min.

9. Birthplace Phillips Co Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jim Wilson  
13. Birthplace Jennett  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Hendrick  
15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant May Cary Wilson  
(b) Address Bell City R-1

17. (a) Burial (b) Date thereof Aug 22 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sikeston Mo Cem.

18. (a) Signature of funeral director Lloyd S Morgan  
(b) Address Adonae Mo

19. (a) Aug 22 1943 (b) M.R. Thomas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20  
year 1943 hour 14 minute 30 A.M.

21. I hereby certify that I attended the deceased from April  
1943 to Aug 20 1943  
that I last saw her alive on Aug 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Mitral Insufficiency

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions General Dropsy  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 92%

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) (c) Means of injury \_\_\_\_\_

23. Signature C. A. Bennett (M. D. or other) \_\_\_\_\_  
Address Bell City Mo Date signed 8/22/43

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

13  
0  
3

1130

RECEIVED

District Health Office No. 2,

District File Number 1143-45

Date Filed 11-3-43

**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.....

working under my personal supervision.

*Lloyd S. Morgan*

Registered Apprentice No. ....

Signed.....

*Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address Adams, 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.**