

U. S. No. 2  
5-42  
5-17-39  
X32873

42780

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 16 1943

Registration District No. 469176

Primary Registration District No. 56306684

Registrar's No. 67

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

55  
0  
0

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller R.F.D.

(c) Name of hospital or institution: Lincoln Ju

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 15 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town R.F.D. (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Beulah E. Collins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1943 hour 12 minute 20 P.M.

4. Sex Female 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 17 1901

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-7-43 to 9-9-43 that I last saw alive on 9-8-43 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>1</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death Cerebral apoplexy

Due to embolism

Due to \_\_\_\_\_

9. Birthplace Rogersville Mo.

(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Christian

11. Industry or business House wife

12. Name Meyer Bloomer

13. Birthplace Taney Co. Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Maudie Wheeler

15. Birthplace Taney Co. Mo.

(City, town, or county) (State or foreign country)

Major findings: Of operations 83al

Of autopsy \_\_\_\_\_

16. (a) Informant Jim Collins

(b) Address Miller Mo.

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon Mo.

18. (a) Signature of funeral director Monroe Linn

(b) Address Miller Mo.

19. (a) 12-1-1943 (Date received local registrar) (b) Kenna Whaley (Registrar's signature)

23. Signature W. J. Buma (M. D. or other)

Address Miller Mo. Date signed 9-13-43

1182

RECEIVED

District Health Officer No: 61

District File Number 1243-1376

Date Filed DEC 12 1943

---

---

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 S. R. Scimion

Licensed Embalmer No. 3297

P. O. Address Miller 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.**