

FILED JAN 11 1944
 2944

State File No. _____

Registration District No. 2944

Primary Registration District No. 29 3056

Registrar's No. 261

1. PLACE OF BIRTH:
 (a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Randolph
 (c) City or town Moberly
(If outside city or town limits, write "RURAL")
 (d) Street No. 311 1/2 N 5th ST
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Wayne Collins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 13th day Dec,
 year 1943 hour 9:20 minute PM, M.
 21. I hereby certify that I attended the deceased from Dec 10/43 to Dec 13/43
 that I last saw him alive on Dec 13/43, 19____
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race col 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 27 43
(Month) (Day) (Year)

Immediate cause of death Pneumonia, Bronch. & edema
 Duration _____

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

Due to _____
 Due to _____

9. Birthplace Moberly child MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 101

10. Usual occupation child
 11. Industry or business _____
 12. Name Melvin Collins
 13. Birthplace Moberly MO
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Brown
 15. Birthplace Canton MO
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Julia Collins
 (b) Address 311 1/2 N. 5th ST
 17. (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly
 18. (a) Signature of funeral director A. D. Carr
 (b) Address Moberly MO
 19. (a) 12-18-43 (b) Irma Kave
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NA
 (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 _____
 23. Signature L. E. Huber (M.D. or other) _____
 Address Moberly MO Date signed 12/14/43

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

18
6
3

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-48-66

Date Filed JAN 10 1944

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Mobile 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.