

FILED MAR 11 1944

Registration District No. 132

Primary Registration District No. 5474

Registrar's No. 217

1. PLACE OF DEATH:

(a) County GRUNDY
 (b) City or town RURAL JEFFERSON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
TRENTON R.E.D. 51
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
 (c) City or town Rural Jefferson Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. R 7 D # 5 Trenton Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ELSWORTH COLLINS

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Clay Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William Elsworth Collins

13. Birthplace Franklin Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Susana Deane

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

16. (a) Informant O. L. Calhoun

(b) Address R. F. D. 5 Trenton Mo.

17. (a) Burial (b) Date thereof 2-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 200 F. Cemetery, Bolivar

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Trenton Mo.

19. (a) 2-12-44 (b) L. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1944 hour 2:30 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1st 44 to Feb 11th 44
 that I last saw him alive on Feb 20th 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 2 years

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations _____

Of autopsy _____

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) _____ (Specify type of place)
 Means of injury _____

23. Signature Oliver P. Duffy (M.D. or other) M.D.
 Address Trenton Mo. Date signed Feb 12th 1944

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

70
0
0

1330

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
myself, Registered Apprentice No.
working under my personal supervision.

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 Rafael A. Williams

Licensed Embalmer No. 3424

P. O. Address Gretna, 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.