

FILED MAR 23 1944  
Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 78

1. PLACE OF DEATH:

(a) County BUTLER  
(b) City or town RURAL Poplar Bluff Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 11  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 51 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 M. No. Poplar Bluff Mo  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAY ALENE COLLINS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LEE COLLINS 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased AUG 2 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WAYNE CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

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

MOTHER FATHER { 12. Name WILLIAM TUNG  
13. Birthplace WAYNE CO MO  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZA SUTTON  
15. Birthplace WAYNE CO MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Collins

(b) Address RFD# 3 Poplar Bluff MO

17. (a) BURIAL (b) Date thereof MAR 3-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ZION CEMETERY

18. (a) Signature of funeral director N. J. Pheep

(b) Address Poplar Bluff MO

19. (a) 3-6-44 (b) Belle Hume  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 1<sup>ST</sup>  
year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-25, 1944 to 3-1, 1944  
that I last saw him alive on 2-25, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
Intermittent (Intermittent)  
Due to Intermittent (Intermittent)

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

Major findings: Of operations Int Of autopsy Int  
122 R 2

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) Int  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm. Hume (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Office No. 2,

District File Number 344-523

Date Filed 3-22-44

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**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

*N. T. Phelps*

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.**