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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10868

Registration District No. 101 Primary Registration District No. 5410 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Twin Bridges Richland
(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 years, months or days)
In this community 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Douglas
(c) City or town Twin Bridges
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Rhoda Collins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lee Collins
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 3-6-1891 (Month) (Day) (Year)
8. AGE: Years 53 Months 11 Days 2 If less than one day hr. min.
9. Birthplace Douglas Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Jno Chaney
13. Birthplace — Mo. (City, town, or county) (State or foreign country)
14. Maiden name Melissa Sanders
15. Birthplace — Mo (City, town, or county) (State or foreign country)
16. (a) Informant Lee Collins
(b) Address Twin Bridges
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation Noman
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo
19. (a) 3-1-1944 (Date received local registrar) (b) Mrs. J. R. Spurlock Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4 year 1944 hour 5 minute 00 P.M.
21. I hereby certify that I attended the deceased from 12-25, 1943 to 1-4, 1944, that I last saw her alive on 1-4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Complication between Measles and uric acid — Duration
Due to Kidneys being badly diseased
Due to Brights Infection
Other conditions (Include pregnancy within 3 months of death) no secretion 4 days of Kidneys
Major findings:
Of operations
Of autopsy 35

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas A. Osborn (M. D. or other)
Address Norman A. R. F. Douglas Co. Mo. Date signed 1-7-44

10.5 h (Licensed Embalmer's Statement on Reverse Side) J. A. Osborne

RECEIVED
District Health Officer No. 6,
District File Number 344.383
Date Filed MAR 16 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 P. D. Robertson

Licensed Embalmer No. 3635

P. O. Address Mexico, 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.