

FILED APR 5 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

12281

Registration District No.

275

Primary Registration District No.

4479

Registrar's No.

8

1. PLACE OF DEATH:

- (a) County Schuyler Co.
 (b) City or town Quincy City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether
 In this community ✓
 years, months or days)

3. (a) PRINT
FULL NAMESarah Caroline Collis3. (b) If veteran,
name war3. (c) Social Security
No. ✓4. Sex Female
1 race W6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Frank Collis6. (c) Age of husband or wife if
alive years7. Birth date of deceased January 29 1899
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
45 1 3 hr. min.9. Birthplace Schuyler Co MO
(City, town, or county) (State or foreign country)10. Usual occupation House Work11. Industry or business none12. Name Frank Billings13. Birthplace Franklin Bate MO
(City, town, or county) (State or foreign country)14. Maiden name Frankie Baker15. Birthplace MO
(City, town, or county) (State or foreign country)16. (a) Informant Frank Collis(b) Address Quincy City17. (a) Burial (b) Date thereof 3-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Burial Tarr Cemetery18. (a) Signature of funeral director Wm M Over(b) Address Quincy City MO19. (a) 3-7-1944 (b) Al Justice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Schuyler
 (c) City or town Quincy
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 44 hour 2 A.M. minute M.21. I hereby certify that I attended the deceased from 2-1
1944 to time of death
that I last saw alive on 3-3 1944
and that death occurred on the date and hour stated above.Immediate cause of death Acute Myocarditis Duration Due to Due to Other conditions 93a
(Include pregnancy within 3 months of death)Major findings:
Of operations Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (e) Means of injury 23. Signature Al Justice (M. D. or other)
Address Quincy, Mo Date signed 3-6-44

APR 5

RECEIVED

District Health Officer No. 10

District File Number 4-44-655

Date Filed APR 3 1947

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 Wm M. West

Licensed Embalmer No. 2887

P. O. Address Queencity 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.