

FILED MAY 24 1944

Registration District No. 107

Primary Registration District No. 5396

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Rural Buckhart Brushcreek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 yrs
years, months or days

3. (a) PRINT FULL NAME Otis Rollin Collins

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Collins 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased August 3, 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 13 If less than one day
hr. min.

9. Birthplace Howell County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Aaron Collins

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nellie

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Whelan
(b) Address Buckhart, Missouri

17. (a) Burial (b) Date thereof 4-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eaton

18. (a) Signature of funeral director Friends

(b) Address Buckhart, Missouri

19. (a) 5-1-1944 (b) Mrs. J. R. Spurlock
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Buckhart
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from un attended
by doctor at this time, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cold, cold
influenza, and
unable to get doctor and

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 8

23. Signature Mrs. J. R. Spurlock (M. D. or other)

Address Area 8 Mo Date signed 5-1-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. M. C. Gentry
RECEIVED
District Health Officer No. 67
District File Number *544-589*
Date Filed *MAY 17 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.....

Licensed Embalmer No. *3431*

P. O. Address *Dr. M. C. Gentry*

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.