V. S. No. 2-
100M—2-43
Rev. 5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

Registration District No. 8

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4021

24000

State File No.

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Laddonia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Depot Platform Laddonia, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Laddonia
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSHUA DENSON COLLINS

3. (b) If veteran, name war

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 Cora Collins

6. (c) Age of ~~husband or~~ wife if alive 68 years

7. Birth date of deceased Oct (Month) 9 (Day) 1868 (Year)

8. AGE: Years 75 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Pike Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name William Collins
13. Birthplace Not Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Vannoy
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Mabry
(b) Address Laddonia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 17-1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Laddonia Mo.

18. (a) Signature of funeral director H. G. Grainger
(b) Address Laddonia Mo.

19. (a) 7-16-44 (Date received local registrar) (b) G W Watkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Jury Verdict
We find the deceased came to accidental death being struck by

Due to #14 Alton Freight train at depot platform crossing in

Due to Laddonia, Mo.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

169-8

30

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) Accident

(b) Date of occurrence 7/15/44

(c) Where did injury occur? Laddonia, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Depot platform in Laddonia, Mo (Specify type of place)

While at work? No (e) Means of injury Hit by freight train

23. Signature Ely Burton Coroner (M. D. or other)

Address Mexico, Mo Date signed 7/16/44

1080

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1941

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 H. G. Grainger, Registered Apprentice No. ....., working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Laddonia, 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.