S. No. 2
M—8-13
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27086

FILED SEP 13 1944

Registrar's District No. ____ Primary Registration District No. 3001 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Vandalia, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1501 Woodlawn
(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 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Vandalia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 501 Woodlawn 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARAH ELIZABETH COLLINS
3. (b) If veteran, name war O.A.A.
3. (c) Social Security No. 4-1358
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Lewis Collins
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased August (Month) 7 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
75	11	29	hr. ____ min.

9. Birthplace Pike County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
MOTHER FATHER
12. Name John Carter
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Elizabeth Cox
15. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Evan Collins
(b) Address Vandalia, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Cemetery
18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo
19. (a) Aug 5 1944 (Date received by local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1944 hour 6:15 AM minute ____ M.
21. I hereby certify that I attended the deceased from July 19, 1944, to Aug 5 1944 that I last saw her alive on July 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings:
Of operations ____
Of autopsy ____

Duration

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? ____
While at work? ____ (Specify type of place) (e) Means of injury ____
23. Signature H. H. Blair (M. D. or other)
Address Vandalia Date signed 8/6/44

1073 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-44-1593
Date Filed SEP 12 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 W. S. Waters

Licensed Embalmer No. #298

P. O. Address Vandalia 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.