

FILED JAN 5 1945

Registration District No. 227

Primary Registration District No. 8046

Registrar's No. 221

1. PLACE OF DEATH: **Moniteau**

(a) County **Moniteau**

(b) City or town **California**

(c) Name of hospital or institution: **None**

(If not in hospital or institution, write street number or location) **1**

(d) Length of stay: In hospital or institution **Three years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

(c) City or town **California**

(d) Street No. **707 South Oak Street** (If rural, give location)

(e) Citizen of foreign country? **No** (If yes, name country **Native**)

3. (a) PRINT FULL NAME **Mitchell Alexander Collins**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **499-24-6445**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Clara Collins**

6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **September, 13th, 1898**

(Month) (Day) (Year)

8. AGE: Years **46** Months **2** Days **26**

If less than one day hr. min.

9. Birthplace **Syracuse, Missouri**

(City, town, or county) (State or foreign country)

10. Usual occupation **Operated School Bus Line**

11. Industry or business **-**

12. Name **Joseph Collins**

13. Birthplace **Cooper County, Missouri**

(City, town, or county) (State or foreign country)

14. Maiden name **Sally Shaw**

15. Birthplace **Howard County, Missouri**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. A. Collins (Wife)**

(b) Address **707 S. Oak St. California, Mo**

17. (a) **Removal** (b) Date thereof **12/9/44**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Syracuse, Mo**

18. (a) Signature of funeral director **Jessie E. Richard**

(b) Address **Jupiter**

19. (a) **12-11-44** (b) **P. J. Police**

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **9** year **1944** hour **5** minute

21. I hereby certify that I attended the deceased from **death** **which first seen** that I last saw **alive on** and that death occurred on the date and hour stated above.

Immediate cause of death **gunshot wound**

Due to **instantaneous**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1640**

Of autopsy

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **Dec 9, 1944**

(c) Where did injury occur? **California Moniteau**

(d) Did injury occur in or about home, on farm, in industrial place, in public place **at his home in California, Mo**

While at work? **no** (Specify type of place) **gun**

Means of injury **gun**

23. Signature **Kenyon Latham & Corone** (M. D. or other)

Address **California, Mo** Date signed **12-9**

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

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-45

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jessie E. Richards

Licensed Embalmer No. 2464

P. O. Address Dipter, me

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.