S. No. 2
M—2-43
v. 5-17-39
I X35697

55
3
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24370

FILED JUL 26 1945

Registration District No. _____ Primary Registration District No. 3057 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Mt Vernon 3
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No) 0
If yes, name country X

3. (a) PRINT FULL NAME William Collins
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept (Month) 10 (Day) 1860 (Year)

8. AGE: Years 84 Months 9 Days 25 If less than one day ____ hr. ____ min.
9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Marc Collins
FATHER 13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Jane Bowles
MOTHER 15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Julia Collins
(b) Address Mt Vernon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7th 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon City Cemetery
18. (a) Signature of funeral director Geo. B. Fox
(b) Address Mt Vernon Mo
19. (a) July 18-45 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1945 hour 8:15 minute A M.
21. I hereby certify that I attended the deceased from Aug 1, 1944 to July 5 1945 that I last saw him alive on July 4 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sub acute Bacterial endocarditis	2 yrs +
Due to	
Due to	
Other conditions (Include pregnancy within months of death)	

Major findings:
Of operations
Of autopsy 0/0

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J A Holmes (M. D. or other)
Address Mt Vernon Mo Date signed 7-16-45

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 74 S-791
Date Filed JUL 24 1945

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 Geo B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.