S. No. 2
M—5-43
. 5-17-39
1 X36671

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

FILED JUL 31 1945

State File No. 24737

Registration District No. 290 Primary Registration District No. 5987 Registrar's No. 65

**1. PLACE OF DEATH:**
(a) County Pulaski
(b) City or town Rural Union
(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 years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Pulaski
(c) City or town Rural
(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 Robert Colbert Collins
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Anna Collins
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased 3 (Month) 10 (Day) 1880 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 4 | 11 | ..... hr. ..... min. |

9. Birthplace Kentucky / (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER 12. Name Joseph Collins
FATHER 13. Birthplace Kentucky / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Collins
(b) Address Franks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah Cemetery
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) 7-25-1945 (Date received local registrar) (b) Chas M. Ford (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 21 year 1945 hour 5 minute — A. M.
21. I hereby certify that I attended the deceased from July 19 1945 to July 19 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary thrombus | 12 days |
| Due to Cerebral hemorrhage | 1 yr. |
| Due to Hypertension | years |
| Other conditions (Include pregnancy within 3 months of death) — | |
| Major findings: Of operations ..... | PHYSICIAN |
| Of autopsy ..... | 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 Dr. K. W. Milligan (M. D. or other) L-0
Address Dixon, Mo. Date signed 7/23/45

987 (Licensed Embalmer's Statement on Reverse Side)

AUG 7 1945

MAY 15 1946

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

July 21-45, Registered Apprentice No.

working under my personal supervision.

Signed Fred H. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

**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.**