S. No. 2
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189
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38124

State File No.

Registration District No. 272 Primary Registration District No. 4403 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pemiscot 78

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

(c) Name of hospital or institution: 1 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Holland mo
(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 Lewis Collins

3. (b) If veteran, name war no

3. (c) Social Security No. 491-30-5861

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Freddie Collins

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

7. Birth date of deceased 11 (Month) 28 (Day) 1898 (Year)

8. AGE: Years 46 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Monroe County Tennessee 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

FATHER
12. Name J B Collins
13. Birthplace Monroe County, Tennessee 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Barnett
15. Birthplace McMinn County Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Collins
(b) Address Rt #2 Steele, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery, Steele, Mo

18. (a) Signature of funeral director J L German
(b) Address Steele, Mo. Box 121

19. (a) 11-23-45 (Date received local registrar) (b) S. L. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1945 hour 1 minute 29 A 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 By Being hit By a Frisco Passenger train while walking on or across the tracks

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) Accident 78

(b) Date of occurrence 11-15-45

(c) Where did injury occur? Steele (City or town) Pemiscot (County) mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Frisco R.R. (Specify type of place)

While at work? no (e) Means of injury train acc.

23. Signature Jack Kelley Coroner (M.D. or other)

Address Hayti. mo Date signed 11-16-45

1524

(Licensed Embalmer's Statement on Reverse Side)

10-45-24

DEC - 5 1945

NOV 28 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 John H. Germon

Licensed Embalmer No. 4355

P. O. Address Steele, Mo. Box 71

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.