

FILED FEB 28 1946

Primary Registration District No. 5650

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 590 days
(Specify whether years, months or days)

In this community 590 days

3. (a) PRINT FULL NAME Elmer Collins

3. (b) If veteran, name war No

3. (c) Social Security No. 500-09-8703

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1905 years

7. Birth date of deceased October (Month) 1905 (Day) (Year)

8. AGE: Years 40 Months 2 Days 21 If less than one day br. min.

9. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Saw Mill

11. Industry or business

12. Name Jake Collins

13. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (b) Date thereof 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs

18. (a) Signature of funeral director H. O. Fassett

(b) Address Mo. State San., Mount Vernon

19. (a) 12-28-45 (b) Mrs. C. R. Kilbick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town West Plains
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1945 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 17, 1944 to December 27, 1945, that I last saw him alive on December 27, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Due to over 2 yrs.

Other conditions 138
(Include pregnancy within 3 months of death)

Major findings: 138
Of operations
Of autopsy

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? Mo. State San., Mount Vernon
(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? No (e) Means of injury mal

23. Signature Y. J. [unclear] (M. D. or other) mal
Address Mo. State San., Mount Vernon
Date signed 12-28-45

137

RECEIVED

District Health Officer No. 5,

District File Number 146-155

Date Filed FEB 26 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.....

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

Signed Max L. Jassett

Licensed Embalmer No. 4252

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.