

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8956**

**FILED** MAR 29 1946  
Registration District No. **3407**

Primary Registration District No. **3407**

Registrar's No. **22**

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

1. PLACE OF DEATH:

(a) County **Douglas**

(b) City or town **RURAL - Willow Springs R#2**  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **9 Days** (Specify whether years, months or days)

In this community **9 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas** **340**

(c) City or town **RURAL - Willow Springs, #2.**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Katherine Kay COLLINS**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18**  
year **1946** hour **12** minute **A.** M.

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

6. (a) Single, widowed, married, divorced **XX (1)**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Jan. 9, 1946.**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 16 3 P.M.** 19**46** to **Jan 18 4 P.M.** 19**46**  
that I last saw her alive on **Jan 17 4 P.M.** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute Peritonitis** Duration **3 da**

8. AGE:	Years	Months	Days	If less than one day
	<b>X</b>	<b>X</b>	<b>9</b>	hr. _____ min. _____

Due to **Infected umbilical cord stump** **9 da**

Due to \_\_\_\_\_

9. Birthplace **Willow Springs R#2, Mo. (1)**  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name **Dewey Collins**

13. Birthplace **Siloam Springs, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Stubbs Collins**

15. Birthplace **Siloam Springs, Mo. (1)**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Dewey Collins**

(b) Address **Willow Springs, Mo.**

17. (a) **Burial** (b) Date thereof **1-18-46.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carroll Cemetery**

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J. L. Cottrell** (D. or other) **202**  
Address **Willow Springs, Mo.** Date signed **1/18/46**

18. (a) Signature of funeral director **Burns Funeral Home**

(b) Address **Willow Springs, Mo.**

19. (a) **Feb 25-46** (b) **Uestal Bushman**  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 6,  
District File Number 346-403  
Date Filed MAR 25 1946

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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.

NOT EMBALMED.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.