

S. No. 2
DM-5-43
v. 5-17-39
I X38671

State File No. _____

FILED JUN 20 1948

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: Barry County Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(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? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Easter Collins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1946 hour _____ minute _____ M.

4. Sex female 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 2 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2 1946, to May 3 1946, that I last saw her alive on May 3 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Bronchopneumonia Duration 4 days

Due to Measles three weeks previous to onset of pneumonia

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings:
Of operations 35

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name James Galven

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

14. Maiden name Sena Rose

15. Birthplace Washburn, Missouri
(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 Mrs. Susie McCormick

(b) Address Exeter, Missouri

17. (a) Burial (b) Date thereof May 6, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bayless Cemetery

23. Signature May J. Northcutt (M. D. or other) M.D.
Address Cassville, Mo. Date signed 5-17-46

18. (a) Signature of funeral director Culver Funeral Home
Cassville, Missouri

(b) Address _____

19. (a) May 20 1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

18283
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5030

MOTHER FATHER

RECEIVED

District Health Officer No. 6,
District File Number 646-681

Date Filed JUN 14 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 Margaret Culver.....

Licensed Embalmer No. 4389.....

P. O. Address Cassville.....

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.