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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30081

State File No.

Registration District No. 133 Primary Registration District No. 5486 Registrar's No. 94

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 40

(c) City or town Martinsville (Rural) (If outside city or town limits, write "RURAL") 0

(d) Street No. Dallas Twp. (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country no

3. (a) PRINT FULL NAME Beulah Isabelle Collins

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 1 (Month) 27 (Day) 1893 (Year)

8. AGE: Years 53 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Harrison County (City, town, or county) (State or foreign country) 0

10. Usual occupation Farm Wife

11. Industry or business Farm

FATHER
12. Name Samuel G. Arney
13. Birthplace Bethany (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Eliza Magee
15. Birthplace Harrison County (City, town, or county) (State or foreign country) 0

16. (a) Informant Frank Collins

(b) Address Martinsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Kidwell (Martinsville)

18. (a) Signature of funeral director M B Haas

(b) Address Bethany, Missouri

19. (a) 9-21-46 (Date received local registrar) (b) Zola Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1946 hour about 1 minute 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.

	Duration
Immediate cause of death	
Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

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)

(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 3

23. Signature Joe E. Wheeler (M. D. or other) Coroner

Address Bethany Mo Date signed Sept 16 1946

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(Licensed Embalmer's Statement on Reverse Side)

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.

DISTRICT HEALTH
Cameron, Mo.

Signed M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.