

FILED DEC 12 1946

Registration District No. 45

Primary Registration District No. 4113

Registrar's No. _____

1. PLACE OF DEATH:

(a) County CHARITON
(b) City or town BRUNSWICK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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

3. (a) PRINT FULL NAME ELMER Lee COLLINS

3. (b) If veteran, name war World War II 3. (c) Social Security No. _____

4. Sex M 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Jan. 23 1925
(Month) (Day) (Year)

8. AGE: Years 21 Months 9 Days 4 If less than one day
hr. _____ min. _____

9. Birthplace COUNCIL BLUFFS IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation Casual employment

MOTHER FATHER

11. Industry or business _____

12. Name JIM COLLINS

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

14. Maiden name LEMOA Redding

15. Birthplace BRUNSWICK MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MISS JULIA HARRIS

(b) Address BRUNSWICK, MO.

17. (a) BURIAL (b) Date thereof 10-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOUGLAS CEMETERY

18. (a) Signature of funeral director John G. Cantlon

(b) Address BRUNSWICK, MO.

19. (a) Nov 18-46 Mildred Boone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON
(c) City or town BRUNSWICK
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1946 hour 12 minute 26 AM

21. I hereby certify that I attended the deceased from Oct. 27
1946 to Oct. 27 1946
that I last saw him alive on Oct 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Homicide by piercing
instrument, entering
Due to left lateral side
of skull.

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

Major findings: _____
Of operations _____
Of autopsy 167

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Oct. 27, 1946

(c) Where did injury occur? BRUNSWICK CHARITON MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place (date)

While at work? NO (Specify type of place) (e) Means of injury Piercing
instrument

23. Signature W. S. Fowler Date signed 10-30-46
Address _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 71

District File Number -----

Date Filed 12-11-46

AUG 6 1947

JAN 9 1947

DEC 12 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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Brunswick, 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.