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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37855

Registration District No. 266

Primary Registration District No. 5898

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Rural- Richland Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 92 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Dora- 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 B. Collins

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Vica Collins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 15 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>1</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name E. Collins

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

14. Maiden name Minerva Turnbull

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

16. (a) Informant Shirley Collins
(b) Address West Plains MO

17. (a) Burial (b) Date thereof 11-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons Cem.

18. (a) Signature of funeral director Clint Hoard Funeral
(b) Address Gainesville Missouri

19. (a) 11-18-46 (b) Charles Hale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1946 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 11/10/46 19____ to 11/13/46 19____
that I last saw him alive on 11/10/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 3 da

Due to Age and Arterio-sclerosis ?

Due to _____

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

Major findings: Of operations # 83A

Of autopsy #

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) Not

(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? 0

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Art Thompson (M. D. or other) ms
Address West Plains, MO. Date signed 11/16/46

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

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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.

Signed..... *W.B. Hutchison*.....

Licensed Embalmer No. *3431*.....

P. O. Address..... *Hainesville, 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.