No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43743

Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 130

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Wolf Island, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi. SE of Wolf Island
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community All of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Wolf Island, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. SE of Wolf Island
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Haddie May Collins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 8 (Day) 1946 (Year)

8. AGE: Years 6 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Wolf Island, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None

MOTHER FATHER
12. Name Paul Collins
13. Birthplace Durant Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Lillie Bea Phillips
15. Birthplace Hughes, (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Paul Collins
(b) Address Wolf Island, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director E. E. Nunnelee
(b) Address Charleston, Missouri
19. (a) 1-14-47 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

CORONER'S ~~MEDICAL~~ CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1946 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from Attended as Coroner; that I last saw him alive on ; 19; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration Few days
Due to
Due to No medical attention
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None

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

23. Signature John E. Nunnelee M.D. Coroner
Address Charleston, Mo Date signed 11/20/46

197 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-244
Date Filed 2-14-47

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.....

.....Not Embalmed....., Registered Apprentice No.....

working under my personal supervision.

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.