

No. 2  
1-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43755**  
Registrar's No. **2199**

FILED FEB 17 1947  
Registration District No. **1927**

Primary Registration District No. **6024**

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

42561

1. PLACE OF DEATH:

(a) County **Ripley**

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

(c) Name of hospital or institution **1 Mile West of Furman**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **74 years** (Specify whether years, months or days)

In this community **74 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley**

(c) City or town **rural** (If outside city or town limits, write "RURAL")

(d) Street No. **1 Mile West of Furman** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Jefferson Collins**

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **29** year **1946** hour **3** minute **A** M.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Nina Cassidy** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. **Oct 14 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 20 1946** to **Dec 29 1946** that I last saw him alive on **Dec 27 1946** and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **2** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **auricular tuberculation** 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace **Graves Co. Ky**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation **Farmer**

Major findings: Of operations **ASA**

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Esquire Collins**

13. Birthplace **Unk. Ky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Pearl Hendrix**

(b) Address **Doniphan, Mo.**

17. (a) **Burial** (b) Date thereof **12/30/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Ceme.**

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor, Mo.**

19. (a) **1-7-47** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **Clifford Yofont** (M. D. or other) \_\_\_\_\_

Address **Doniphan Mo.** Date signed **1-7-47**

---

---

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Bryan C. McCord*

Licensed Embalmer No. *4279*

P. O. Address *Wayler 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.**