

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 5 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 412 West 7th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Delbert L. Collins

3. (b) If veteran, name war none

3. (c) Social Security No. 2090

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Fox 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased August 28, 1921
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>4</u>	<u>17</u>	hr. min.

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

10. Usual occupation Taxi-cab driver transportation

11. Industry or business

12. Name James L. Collins

13. Birthplace Johnson County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lula Bradshaw

15. Birthplace Benton County Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Gilbert L. Collins, (bro)

(b) Address 1518 South Brown, Sedalia, Mo.

17. (a) Burial (b) Date thereof 1/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. Ewing

(b) Address Sedalia, Mo.

19. (a) 1/16/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1947 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from January 10, 1947 to January 16, 1947
that I last saw him alive on Jan 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Due to _____

Due to _____

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

Major findings:
Of operations 107

Of autopsy _____

Duration _____

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 _____

23. Signature [Signature] (M. Seal) [Seal]

Address Sedalia Mo. Date signed 1/15/47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-25-47

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

Duane Ewing

Licensed Embalmer No. 38478

P. O. Address Salisbury, Md

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.