

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 8

Primary Registration District No. 4021

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Audrain,

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain.

(c) City or town Ladonia, Missouri.
(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 Cora Bell Collins.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Jan. 14, 1876
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>71</u> | <u>2</u> | <u>10</u> | _____ hr. _____ min. |

9. Birthplace Boyle Co., Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

12. Name W.F. Sinkhorn.

13. Birthplace Boyle Co., Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

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

16. (a) Informant Elna Mary.
(b) Address Ladonia, Missouri.

17. (a) Burial (b) Date thereof 3/26/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Missouri.

18. (a) Signature of funeral director Elyse Wiley.
(b) Address Ladonia, Missouri.

19. (a) 3-28-47 (b) Martha P. Kemmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 24th,
year 1947 hour 10:00 minute P/ M.

21. I hereby certify that I attended the deceased from Nov 12 1946, to Mar. 24 1947
that I last saw her alive on Mar 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Pancreas and liver

Duration 2yr

Due to _____

Due to _____

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

Major findings:
Of operations H&E

Of autopsy _____

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 2

23. Signature W.P. Baize (M.D. or other) D.O.
Address Ladonia, Mo Date signed 3/28/47

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1004

RECEIVED
District Health Officer No. 10
District File Number 4-47-601
Date Filed APR - 1 1947

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.....

John H. Ellis

Registered Apprentice No. 494

working under my personal supervision.

Signed *Clyde E. Wierke*

Licensed Embalmer No. 3820

P. O. Address *Penry, 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.

not a burial