S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7913

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 418

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)

In this community 10 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2323 Faraon Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Malinda Collins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Grant G. Collins

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 6 (Day) 1869 (Year)

8. AGE: Years 77 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name C.W.Stoner

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

14. Maiden name Martha J.Melton

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

16. (a) Informant Mrs. Colleen Christ

(b) Address 2323 Faraon St., St.Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St.Joseph, Mo.

19. (a) 3-25-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1947 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 31, 1946 to Mch 23, 1947 that I last saw her alive on Mch 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid & Colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (Specify type of place)

While at work (e) Means of injury

23. Signature J. M. Allaman (M. D. or other)

Address Corby Bldg Date signed 3/24/47

(Licensed Embalmer's Statement on Reverse Side)

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. Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.