

FILED MAY 7 1947

Registration District No. 274

Primary Registration District No. 3052

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: 25th + Ingram (If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 65 yrs years, months or days (Specify whether)

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. 25th + Ingram (If rural, give location)

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

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

3. (a) PRINT FULL NAME HENRY THOMAS COLLINS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1947 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1 John, 1944 to 4-23, 1947 that I last saw him alive on 4-12, 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Flora Belle 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan 16 1922 (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to arteriosclerosis Gen Anoxemia and Arterial Hypertension

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

Major findings: Of operations \_\_\_\_\_

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

8. AGE: Years Months Days If less than one day

75 3 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Stationary Engineer

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

12. Name John Collins

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

14. Maiden name Elizabeth Pietzert

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

16. (a) Informant Mrs Flora Belle Collins

(b) Address 25th + Ingram Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 4-24-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

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 W. G. Monks (M. D. or other) MD.

Address 111 W 4 Sedalia Mo Date signed 4-23-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

70  
6  
4

80  
16  
4  
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. **8,**

District File Number \_\_\_\_\_

Date Filed 5-6-77

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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: Philip M. Laughlin

Licensed Embalmer No. 3729

P. O. Address Adalia 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.