

Registration District No. 326

Primary Registration District No. 4482

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Scotland

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 75 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland

(c) City or town Memphis 99
(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 Henry Collins

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Theodaise Collins 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: Nov 25 1862
(Month) (Day) (Year)

that I last saw him alive on dead _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration _____

8. AGE: Years 84 Months 4 Days 10 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace: Janis Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Major findings: 50A

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Elias Collins

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

14. Maiden name Ruth Long

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

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? _____

16. (a) Informant Theodaise Collins

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof April 8 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis

18. (a) Signature of funeral director Leath Bookett

(b) Address Memphis Mo

19. (a) May 1st 1947 Mr. E. E. Carrick
(Date received by registrar) (Registrar's signature) _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature PTA Baker (M. D. or other) _____

Address Memphis Date signed 5/1/47

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

RECEIVED
District Health Officer, No. 10
District File Number 5-47-262
Date Recd. MAY 17 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred Gurst

Licensed Embalmer No. 4256

P. O. Address Memphis

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.