

FILED JUL 10 1947

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Rural
(If outside city or town limits, write "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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Douglas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Shelt Collins
(b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14
year 1947 hour 12 minute 30 P.M.

4. Sex MO 5. Color or race Wht 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Rose Belle Collins 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3-7-1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/6/47 19... to 3/11/47 19...
that I last saw him alive on March 11th 19... and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 0 7 hr. min.

Immediate cause of death: Myo-carditis, chronic
Due to Cardiac Ischemic Dis. 2

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

Due to
Other conditions (Includes pregnancy within 3 months of death)

10. Usual occupation Farmer
11. Industry or business
12. Name Thernton Collins
13. Birthplace Ark
(City, town, or county) (State or foreign country)

Major findings: 920
Of operations
Of autopsy

14. Maiden name Mary Pitman
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Albro Collins
(b) Address Juni Bridges
17. (a) (Burial, cremation, or removal) B (b) Date thereof 3-15-1947
(Month) (Day) (Year)

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? ---

(c) Place: burial or cremation In Mausoleum
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo.
19. (a) 7-14-47 (b) Victor Bealman
(Date received local registrar) (Registrar's signature)

While at work? --- (Specify type of place) Means of injury ---
23. Signature Ed. Thornburg (M. D. or N. D.)
Address West Plains, Mo. Date signed 3/15/47

Thornburg

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

MOTHER FATHER

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.....

Geo R Arago....., Registered Apprentice No. *431*
working under my personal supervision.

Signed *D. D. Robertson*.....

Licensed Embalmer No. *3435*.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 101

Primary Registration District No. 5403

Registrar's No. 32

1. PLACE OF DEATH: Douglas
 (a) County Douglas
 (b) City or town Rural
(If outside city or town limits, write "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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Douglas
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Shelt Collins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month July Day 14 Year 1947 hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ to _____
 that I have seen _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Rose Belle 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 7 (Month) (Day) (Year)

Due to myocarditis, chronic
cardiac valvular disease

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

Due to _____

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

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

10. Usual occupation Summer

Major findings:
 Of operations _____

11. Industry or business Summer

Of autopsy _____

12. Name Shontan Collins

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

14. Maiden name Mary Petman

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

16. (a) Informant Albro Collins

(b) Address Twin Bidges

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 7-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Truman Cem.

18. (a) Signature of funeral director R. J. ...

(b) Address West Plains, MO

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 A. H. Thomsburgh M. D. or other _____

Address West Plains, MO Date 7/14/47

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

TEMPORARILY

MOTHER FATHER

Duration _____
 Underline the cause to which death should be charged statistically.

Clinton Jan

S-20499