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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 24 1947**  
128

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Registration District No. **128** Primary Registration District No. **2000**

State File No. **20555**  
Registrar's No. **462**

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

19  
2  
6

**1. PLACE OF DEATH:** **GREENE**

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**900 S. Weaver Ave.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 Years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **21**  
(If outside city or town limits, write "RURAL")

(d) Street No. **900 S. Weaver Ave.** **6**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **ARTHUR P. COLLINS**

**3. (b) If veteran, name war** **Spanish American** **World War # 1**

**3. (c) Social Security No.** **None**

**4. Sex** **Male** **0** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **Eva Collins** **6. (c) Age of husband or wife if alive** **50** years

**7. Birth date of deceased** **August 25, 1864**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>82</b>	<b>9</b>	<b>7</b>	_____ hr. _____ min.

**9. Birthplace** **North Ferris, New Hampshire**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired**

**11. Industry or business** **United States Army**

MOTHER FATHER

**12. Name** **Augustine Collins** **9**

**13. Birthplace** **unknown** **unknown** **9**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Angeline Dove** **19**

**15. Birthplace** **unknown** **unknown** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Eva Collins**

**(b) Address** **900 S. Weaver Ave., Springfield, Mo.**

**17. (a) Burial** **(b) Date thereof** **June 4, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **National**

**18. (a) Signature of funeral director** **Fred C. Thieme**

**(b) Address** **Springfield, Missouri**

**19. (a) 6-4-47** **(b) W E Handley MD**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **2nd**  
year **1947** hour **11:00 P.M.** minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** **June 2, 1947** to **June 2, 1947**  
that I last saw him alive on **June 2, 1947**  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **Coronary Insufficiency 1 hr**

**Due to** **arteriosclerosis (senile)**

**Due to** \_\_\_\_\_

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

**Major findings:** **Of operations** **950**

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

**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? \_\_\_\_\_

**While at work?** \_\_\_\_\_ **(Specify type of place)** \_\_\_\_\_ **(e) Means of injury** **0**

**23. Signature** **Fred R. Furthing** **(M. D. or other)** **0**

**Address** **med. arts Bldg.** **Date signed** **June 3, 1947**

(Licensed Embalmer's Statement on Reverse Side)

**Spfld. Mo. 1947**

JUL 31 1947  
JUL 31 1947

DEC 30 1948

JUL 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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Ralph H. Thiem*

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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.