

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural N. Campbell Townshp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route # 11  
(If not in hospital or institution, write street number or location)

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

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural N. Campbell Twshp.  
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 11  
(If rural, give location)

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

3. (a) PRINT FULL NAME Maggie Collins

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Collins

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 6 1919  
(Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 26  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

MOTHER PATIEN { 12. Name Willie Farmer

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

14. Maiden name Davey Dickens

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

16. (a) Informant William Collins

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 6/4/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Comfort

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

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 2  
year 1947 hour 7 minute 8 M.

21. I hereby certify that I attended the deceased from April 1947 to May 13 1947

that I last saw her alive on 5-13-47 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to No physician in attendance Investigated by Coroner

Other conditions Recently had sugar in urine  
(Include prognosis within 3 months of death)

Major findings: was treated for cystitis April 1947. Treated for syphilis 1940-1941

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature James R. Amos (M. D. or other) had

Address Springfield Mo. Date signed 6-3-47

**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.....

*James B. Laughlin*....., Registered Apprentice No. *466*  
working under my personal supervision.

Signed *Walter C. Daniel*.....

Licensed Embalmer No. *3809*.....

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.**