

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution St. Joseph O
(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) 4 years

In this community _____

3. (a) PRINT FULL NAME Edna Collins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife J. B. Collins 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased any 1983
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Clay Co. MO (City, town, or county) (State or foreign country) O

10. Usual occupation Housewife

11. Industry or business _____

12. Name John A. Lunday

13. Birthplace Clay Co. MO (City, town, or county) (State or foreign country) O

14. Maiden name Anna Embertott

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

16. (a) Informant J. B. Collins

(b) Address Marshall MO

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

(c) Place: burial or cremation Godland MO

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

(b) Address Springfield MO

19. (a) June 16 1947 (Date received local registrar) (Registrar's signature) J. B. Collins

2. USUAL RESIDENCE OF DECEASED: SALINE

(a) State Missouri (b) County Saline MO

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 627 N English
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour 10:30 minute AM

21. I hereby certify that I attended the deceased from Nov 1946, to June 15 1947 that I last saw her alive on June 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pteryx - 8 mths

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations CGA

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 O

23. Signature W. H. ... (M. D. or other) O

Address Marshall MO Date signed 6/16/47

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

7
1
2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-27-47

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed

W. S. Lader

Licensed Embalmer No.

4269

P. O. Address

Shygenville 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.