No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1947

Registration District No. 1906

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 24547

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1 Week. (Specify whether
In this community 5 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 508 No. Porter ave 5
(If rural, give location) 0

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

If yes, name country —

3. (a) PRINT FULL NAME Ethel Waverne 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

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

7. Birth date of deceased Feb. (Month) 6 (Day) 1907 (Year)

8. AGE: Years 40 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Tiff City (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation

11. Industry or business Housewife

FATHER
12. Name John Rhoades
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Mary DeSelles
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs Mary Rhoades
(b) Address Tiff City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Miami Okla

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Mo

19. (a) 6-23-47 (Date received local registrar) (b) Dolores Lampkin Jr. (Registrar's signature) 1/25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21
year 1947 hour 5 pm minute M.

21. I hereby certify that I attended the deceased from 6/11/47, 19 to 6/21, 1947;
that I last saw her alive on 6/21/47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Pneumo Thorax (Hemorrhagic)

Due to Fungus infection

Due to Rt lung

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

Major findings:
Of operations None

Of autopsy Same

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. Ernest Johns MD (M.D. or other) MD

Address 616-617 Friseo Date signed 6/24/47

Joplin, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-7-623

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.