

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32153

FILED SEP 30 1947

Registration District No. 294

Primary Registration District No. 305-6

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
883 West Coates Street
(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)

3. (a) PRINT FULL NAME Antoinette Phelps Collins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

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

7. Birth date of deceased August 29 1916
(Month) (Day) (Year)

8. AGE:				If less than one day
Years	Months	Days		
<u>31</u>	<u>0</u>	<u>15</u>		hr. _____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation clerk in cleaning shop

11. Industry or business _____

12. Name Garnett Collins

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

14. Maiden name Francis Davis

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

16. (a) Informant Mr. Garnett Collins

(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 9/17/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) sep 21-47 (b) Leah Williams Lowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 883 West Coates
(If rural, give location) 110

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1947 hour 7:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1
1947 to Sept 13, 1947.

that I last saw her alive on Sept 8, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

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 _____

23. Signature C. Smith M.D. (M. D. or other) _____

Address Moberly, Mo Date signed 9-20-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 1
District File Number 9-47-1316
Date Filed SEP-29-1947
OCT 14 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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, W

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.