

FILED NOV 3 1947

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours
(Specify whether years, months or days)

In this community one year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

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

(d) Street No. Lebanon, Route #5
(If rural, give location)

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

3. (a) PRINT FULL NAME EVLYN HAZEL COLLINS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1947 hour _____ minute _____ M.

4. Sex F / 5. Color of race W

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

6. (b) Name of husband or wife H. G. Collins

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 22 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 16 1947 to Oct 17 1947, that I last saw h.s.r. alive on Oct 16 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 7 days

8. AGE: Years 53 Months 6 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

Due to acute coronary disease 7 days

Due to _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Myers

13. Birthplace Berlin Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McCarthy

15. Birthplace Doublin Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant H. G. Collins

(b) Address Rt. 5, Lebanon, Mo.

17. (a) burial (b) Date thereof 10/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director Dobson

(b) Address Lebanon, Missouri

19. (a) Oct 25, 1947 (b) Dr. Frankenberg
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 Dr. Frankenberg (M. D. or other) _____
Address Lebanon, Mo. Date signed 10-24-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Received 10/30/47
acleda County Health Unit
File No. ~~10-47-169~~ 415
Date Filed 10/30/47

APR 25 1949

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon md

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.