

Registration District No. **210**

Primary Registration District No. **4322**

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Collings

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1947 hour _____ minute 1P. M.

21. I hereby certify that I attended the deceased from Nov. 3
1947 to Nov 7, 1947
that I last saw her alive on Nov 7, 1947, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Frank Collings 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Jan. 12 1872
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion with myocardial infarction Posterior, Diaphragmatic. Duration 4 days

Due to Coronary Insufficiency

Due to Arterial Hardening 20 yr.

8. AGE: Years Months Days If less than one day

75 9 26 hr. _____ min.

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name John W. Lieuallen

{ 13. Birthplace Unknown 9

{ 14. Maiden name Juriah Harryman

{ 15. Birthplace Unknown 9

Other conditions (Include pregnancy within 3 months of death) 94A

Major findings: None. Diagnosis made by clinical, laboratory and E.K.G. findings. PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grady Kauffman

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 11-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Ceme.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Natural

(b) Date of occurrence Degeneration

(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? _____

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 11-13-47 (b) M. J. Ruth
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature A. St. Bristow (M. D. or other) M.D.

Address Bristow, Mo. Date signed 11/7/47

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

1981 2 1 0 10

nb
bn
mmf

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

nc

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..... *H. Ivan Martin*

(c)
(s)
nd (s)

Licensed Embalmer No. *3760*

P. O. Address *Pineville, 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.