S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1947

Registration District No. 581

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4515

State File No. 40667

Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(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 years, months or days)
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Sullivan 105
(c) City or town Milan /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Gary Wayne Collins
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
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 6 (Month) — 18 (Day) 1946 (Year)

8. AGE: Years 1 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Sumner Collins
13. Birthplace Newtown (City, town, or county) — Mo. (State or foreign country)

MOTHER
14. Maiden name Leola Green
15. Birthplace Hounger (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Leola Green
(b) Address Milan Mo.
17. (a) 11-28-41 (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood — Milan
18. (a) Signature of funeral director Schwenk
(b) Address Milan Mo.
19. (a) Dec. 3 - 1947 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26 year 1947 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from on November 22nd, 1947, to & Nov. 26th, 1947; that I last saw him alive on November 26th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malnutrition	14days
Due to: Congenital debility	15Mo.
Due to: Encephalitis infantile (non-epidemic)	15Mo.
Other conditions (Includes 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph E. Prior D.O. (or other)
Address Box 82, Milan, Missouri Date signed 12-1-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1948

RECEIVED
District Health Officer No. 10
District File Number 12-47-1225
Date Filed DEC 10 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 Dwight Lebaeue.

Licensed Embalmer No. 2667

P. O. Address Milan - 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.