

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42578

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 389

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
800 W. 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME William A. Collins

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Julia Elizabeth
6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov. 4 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 hr. min.

9. Birthplace Logan Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney at Law

11. Industry or business.....

12. Name John A. Collins

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

14. Maiden name Mary Dewar

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

16. (a) Informant Mrs. Julia Collins

(b) Address 800 W. 7th, Sedalia, Mo.

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

(c) Place: burial or cremation Knob Noster, Mo.

18. (a) Signature of funeral director M. Hargless Bros.
(b) Address Sedalia, Mo.

19. (a) 11-17-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)
Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 800 W. 7th
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1947 hour 12:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from July, 1946 to Nov 10, 1947
that I last saw him alive on Nov 14 at 8 PM, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Ather
Due to.....

Due to.....
Other conditions 46 E
(Include pregnancy within 3 months of death)

Major findings: Coronary Ather
Of operations.....

Of autopsy Autopsy performed
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 Alfred H. Navy (M. D. or other) M.D.
Address 1124 Sedalia, Mo. Date signed 11-16-47

(Licensed Embalmer's Statement on Reverse Side)

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

86
6
4
0

MOTHER FATHER

39134

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 *A.P. Mcrary*
Licensed Embalmer No. 3153
P. O. Address Sedalia, 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.