DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 736

Primary Registration District No. 4194

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Davied Collins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ella Collins

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

7. Birth date of deceased January 25 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	7	13	hr. min.

9. Birthplace Gentry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name John W. Collins
13. Birthplace Unk. Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Frederic
15. Birthplace Unk. Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature family records

(b) Address

17. (a) Burial (b) Date thereof 1-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Friedship

18. (a) Signature of funeral director Clifford Brooks
(b) Address Albany Mo

19. (a) Jany 28-1948 (b) Homer H. Mystery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Jan. 25, 1948, to Jan 25, 1948
that I last saw him alive on Jan 25, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardatis	6 Month
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.

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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 0

23. Signature C. F. Gillespie (M. D. or other)

Address Albany Mo Date signed 1/27/48

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Clifford E. Brooks

Licensed Embalmer No. 3329

P.O. Address Albany 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, above space should be left blank.