

No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5625**
Registrar's No. **52**

FILED MAR 3 1948
2510
Registration District No. _____

Primary Registration District No. **3048**

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

1. PLACE OF DEATH:

(a) County **Nodaway**

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

(c) Name of hospital or institution:
421 South Charles
(If not in hospital or institution, write street number or location)

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

In this community **77 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Skidmore** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ **0**
(If rural, give location)

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE WILLIAM 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 **W 2**

6. (b) Name of husband or wife **Rebecca Z. Colwell**

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

7. Birth date of deceased **March 1, 1856**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	11	21	hr. _____ min.

9. Birthplace **Hartyville Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer - Retired**

11. Industry or business _____

MOTHER FATHER {

12. Name **George Collins**

13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Collins**

(b) Address **Skidmore**

17. (a) **burial** (b) Date thereof **2/24/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Maryville, Missouri**

19. (a) **2-28-48** (b) **Bea Holt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22**
year **1948** hour **4** minute **0** P.M.

21. I hereby certify that I attended the deceased from **Sept 1947**
1947, to **Feb 22, 1948**
that I last saw him alive on **Feb 22, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** **3 days**

Due to **Senility**

Due to _____

Other conditions **109**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 **E. Holmes** **M.D.**
Address **Maryville Mo.** Date signed **2/23/48**

SEP 29 1953

SEP 17 1953

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.....

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

Signed Clim M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.