No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11544

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 513

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1724 Holman Street
(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: 2 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1724 Holman Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charles Fountain Collins
3. (b) If veteran, name war: No
3. (c) Social Security No.: 499-03-1092
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna Duncan Collins
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: May (Month) 24 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	7	....hr. ....min.

9. Birthplace: Tupelo (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Clergyman
11. Industry or business: Clergyman

MOTHER FATHER
12. Name: Jackson Collins
13. Birthplace: Unknown (City, town, or county) Mississippi (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Edna D. Collins
(b) Address: 1724 Holman Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Wm. H. Alexander
(b) Address: 1602 Messanie Street
19. (a) 5-4-48 (Date received local registrar) (b) E. B. Hinkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day May year 1948 hour 3:00 minute A M.
21. I hereby certify that I attended the deceased from April 27, 1948, to May 1, 1948, that I last saw him alive on April 27, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	1 yr.
Due to: Arteriosclerosis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death): General Edemay	6 wks.

Major findings:
Of operations:
Of autopsy: 95C

PHYSICIAN
Underline the cause of 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: 0

23. Signature: E. H. Werner (M. D.)
Address: Kirkpatrick Bldg. St. Joseph, Missouri Date signed: 5-3-48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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.....Wm. H. Alexander.....

Licensed Embalmer No.....4450.....

P. O. Address.....St. Joseph, 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.