

FILED JUL 8 1948
Registration District No.

Primary Registration District No. 4108

1. PLACE OF DEATH:

(a) County... Cedar

(b) City or town... Stockton
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Cedar 20

(c) City or town... Stockton 0
(If outside city or town limits, write "RURAL") 5

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME... Elbert Edward Collins

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex... M race... W

5. Color or race... W

6. (a) Single, widowed, married, divorced... W 2

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

6. (c) Age of husband or wife if alive... years
10 1872

7. Birth date of deceased... December 10 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	5	26	hr. min.

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

10. Usual occupation... Farming

11. Industry or business.....

12. Name... Manae Collins

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

14. Maiden name... Louisa Nafus

15. Birthplace... Veron Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant... Floyd Collins

(b) Address... Stockton, Mo.

17. (a) Burial (b) Date thereof... 6 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Gum Springs

18. (a) Signature of funeral director... Church & Neal

(b) Address... Stockton, Mo.

19. (a) 7-3-48 (b) Renew Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... June day... 6
year... 1948 hour... 5 minute... P. M.

21. I hereby certify that I attended the deceased from... 6-6-1948, to... 6-6-1948, 19...
that I last saw him alive on... 6-6-1948, and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Occlusion hrs.

Due to.....

Due to.....

Other conditions... (Include pregnancy within 3 months of death)

Major findings:
Of operations... gfw

Of autopsy.....

Duration

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... Wm B. Rucker (M. D. or other)

Address... Stockton, Mo. Date signed... 6-7-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 6-48-738
Date Filed 7-6-48

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.