S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19255

FILED JUL 6 1948

Registration District No. 2903

Primary Registration District No. 3022

Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)
In this community: 66 yrs.

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

3. (a) PRINT FULL NAME: Harley LeRoy Collins
3. (b) If veteran, name war: World War I
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Josephine
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: June 4, 1881 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 11 | 25 | hr. min. |

9. Birthplace: Harrion County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: none

FATHER
12. Name: Josiah Collins
13. Birthplace: Harrison County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Wilson
15. Birthplace: Harrison County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Josephine Collins
(b) Address: Bethany, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 31, '48 (Month) (Day) (Year)
(c) Place: burial or cremation: Antioch
18. (a) Signature of funeral director: M S Hood
(b) Address: Bethany, Missouri
19. (a) June 12-48 (Date received local registrar) (b) Zola Burres (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 29 year: 48 hour: 4:00 minute: A.M.

21. I hereby certify that I attended the deceased from 4-20, 1948 to 5-29, 1948 that I last saw him alive on 5-28, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma head of Pancreas - | 6 Mo |
| Due to: Carcinoma of Stomach - | 2 1/2 yrs. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: Carcinoma of Stomach
Of autopsy: HB

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: W. F. Broyles (M. D. or other) MD
Address: Bethany Mo Date signed: 6/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1948

JUL 9 1948

**DISTRICT HEALTH OFFICE**
**Cameron, Mo.**

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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 M B Haas
M. B. Haas
Licensed Embalmer No. 3899

P. O. Address Bethany, 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.**