

FILED JUL 19 1948

Registration District No. 143

Primary Registration District No. 5561

Registrar's No. 63

1. PLACE OF DEATH:

(a) County HOWELL
 (b) City or town RURAL - SILKOM SPRINGS TWP.
 (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 71 YEARS
years, months or days)3. (a) PRINT FULL NAME SAMUEL HENDERSON COLLINS3. (b) If veteran, name war NO 3. (c) Social Security No. NO4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M6. (b) Name of husband or wife MAGGIE ANN COLLINS 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased JUNE 13 1877
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 X 8 hr. min.9. Birthplace HOWELL COUNTY MO
(City, town, or county) (State or foreign country)10. Usual occupation FARMER

11. Industry or business _____

12. Name DAVID COLLINS G13. Birthplace DONT KNOW I
(City, town, or county) (State or foreign country)14. Maiden name RILDA HOPKINS15. Birthplace MO
(City, town, or county) (State or foreign country)16. (a) Informant MRS. SAM H. COLLINS(b) Address RT. 1 - WILLOW SPRINGS, MO17. (a) BURIAL (b) Date thereof 6/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation COLLINS CEMETERY18. (a) Signature of funeral director P. Burns(b) Address Willow Springs, Mo19. (a) 6/23/48 (b) Marshall Ballard
(Date received local registrar) (Registrar's signature) 299

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell(c) City or town Rural
(If outside city or town limits, write "RURAL")(d) Street No. Silkom Springs Twp
(If rural, give location)(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21
year 48 hour 5:30 minute P M.21. I hereby certify that I attended the deceased from 6-14-1948 to 6-21-1948
that I last saw him alive on 6-20-1948 and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis
Duration 6/19/48Due to arteriosclerosis 10 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: MI
Of operations _____
Of autopsy _____

PHYSICIAN

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 P. Callahan (M. D. or other)Address Willow Springs, Mo Date signed 6/24/48

RECEIVED 7-12-48
District Health Officer No. 5,
District File Number 747872
Date Filed 7-12-48

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 Fred W. Barnes, Registered Apprentice No. 413 working under my personal supervision.

Signed J. B. Burns
Licensed Embalmer No. 3379
P. O. Address Willow Springs, 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.