

3000
10-47
17-39
3906

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

FILED JUL 30 1948

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 weeks**
(Specify whether years, months or days)

In this community **50 years**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **George R. Collins**

3: (b) If veteran, name war _____

3: (c) Social Security No. **333-07-4583**

4. Sex **male** 5. Color or race **white**

6: (a) Single, widowed, married, divorced **Married**

6: (b) Name of husband or wife **Margaret Collins**

6: (c) Age of husband or wife if alive **65 yrs** years

7. Birth date of deceased **February 16 1882**
(Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **6**

If less than one day hr. _____ min. _____

9. Birthplace **Camden County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Robert Henry Collins**

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

14. Maiden name **Jane Campbell**

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

16: (a) Informant **Mrs. Marna ret Collins**

(b) Address **2024 Pearl Street**

17: (a) **Burial** (b) Date thereof **July 26 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Cemetery**

18: (a) Signature of funeral director **Thornhill-Dillon**

(b) Address **Joplin, Missouri**

19: (a) **7-23-48** (b) **Deloris Sampkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

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

(d) Street No. **2024 Pearl Street**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
year **1948** hour **12** minute **45 AM**

21. I hereby certify that I attended the deceased from **7-20-48**
_____ 19____, to **7-23** 19____
that I last saw him alive on **7-22** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac decompensation 2mo.**

Due to **Chronic valvular heart disease, all valves**

Due to _____

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

Major findings:
Of operations _____

Of autopsy **927**

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? _____

23. Signature **E. H. Hamilton** (M. D. or other) **U.S.**
Address **Joplin Mo** Date signed **7-23-48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

48-7-634

7115201948

100

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 Carl A. Shambier

Licensed Embalmer No. 3590

P. O. Address Joplin 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.