No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Campbell

State File No. 30583

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 285

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1609 S. Missouri St.
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. 1609 S. Missouri
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NITA JO COLLINS

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A.E. Collins 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October (Month) 18, (Day) 1924 (Year)

8. AGE: Years 23 Months 11 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name James R. Sands
13. Birthplace Sedalia, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bonnie M. Todd
15. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Bonnie Sands
(b) Address Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director DW Heckart
(b) Address Sedalia, Mo.

19. (a) 10-2-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th year 1948 hour 6 minute 40 a.M.

21. I hereby certify that I attended the deceased from Sept 3, 1948 to Sept 30, 1948; that I last saw her alive on Sept 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2 yrs
Due to: Tuberculosis Pulmonary	
Due to: probably Long	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A.J. Campbell M.D. (M. D. or other)

Address Sedalia Mo. Date signed 10-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 10-13-48

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 Frank S Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.