National Office of Vital Statistics

FILED NOV 1 1948

Registration District No. 143

STANDARD CERTIFICATE OF DEATH

DELAYED

Primary Registration District No. 5541

State File No. 32760

Registrar's No.

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Siloam Springs, Mo.
(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 years, months or days)
In this community: 68 yrs.

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

3. (a) PRINT FULL NAME: Alec Collins

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Feb. (Month) 26 (Day) 1880 (Year)

8. AGE: Years 68 Months 2 Days 4 If less than one day hr. min.

9. Birthplace: Siloam Springs, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Zeke Collins
13. Birthplace: W.P. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elsie Collins
15. Birthplace: West Plains Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Beth Collins
(b) Address: Siloam Springs, Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 5/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Siloam Springs Mo

18. (a) Signature of funeral director: Palmer Bros
(b) Address: West Plains, Mo.

19. (a) 7-26-48 (Date received local registrar) (b) Marthalee Ballard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30 year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 19 March 1948 to 26 April 1948 that I last saw him alive on 26 April 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Arteriosclerosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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

23. Signature: Rollin H. Smith (M. D. or other) MD
Address: West Plains, Mo. Date signed 4 May 48

R. Smith

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

1—1/47, 5-17-39

S(3)-19339

RECEIVED 10-25-48
District Health Officer No. 5,
District File Number 10-48-673
Date Filed 10-25-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32760

State File No. nov

Registration District No. 143 Primary Registration District No. 5561 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Siloam Spring
(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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Alec Collins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 26 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) N/O (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 7/26/48 (Date received local registrar) (b) Marihalee Ballard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 30
year 1948 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S(3)-19339