No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 1 1948

Registration District No. 144

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5562

State File No. 36326

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Pilot Knob 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Martha Ellen Collins

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Joseph Collins

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

7. Birth date of deceased Sept. 22 1862
(Month) (Day) (Year)

8. AGE: Years 86 | Months 1 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Reynolds Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

FATHER
12. Name William Harbison 0
13. Birthplace ____ Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Green 0
15. Birthplace ____ Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Shemran Barnes

(b) Address Ironton Missouri

17. (a) burial (b) Date thereof 11-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Missouri

18. (a) Signature of funeral director White Funeral Home

(b) Address C. J. White Ironton Missouri

19. (a) 11-23-48 (b) Avis Jones
(Date received local registrar) (Registrar's signature) 170

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1948 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from 11-8, 1948, to 11-12, 1948
that I last saw her alive on 11-10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to Arterio Sclerosis	
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? 0
(Specify type of place)

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

23. Signature Jas. W. Heyfried (M. D. or other) MD

Address Bismarck Mo Date signed 11-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

...ic Health Officer No. 4

... Number 1148-1

... 11-30-4

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 Aucey White

Licensed Embalmer No. 3012

P. O. Address Trenton Ave.

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.