

Registration District No. 348

Primary Registration District No. 4512

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Sullivan
 (b) City or town Newtown
 (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 Lifetime years, months or days

3. (a) PRINT FULL NAME MARY ELIZABETH COLLINS

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

4. Sex 7 | 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Jesse Collins
 6. (c) Age of husband or wife if alive 88 years
 7. Birth date of deceased Sept 21 1860
 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 5
 If less than one day _____ hr. _____ min.

9. Birthplace Newtown Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Thos. B. Judd
 13. Birthplace Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Seewert
 15. Birthplace Union A
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Parrish

(b) Address Newtown
 17. (a) Burial (b) Date thereof 11 28 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtown

18. (a) Signature of funeral director Quid & Payne Newtown

(b) Address _____

19. (a) Dec 10 48 (b) W. C. Caldwell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
 (c) City or town Newtown
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
 year 1948 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 1
1943 to Nov 26, 1948
 that I last saw her alive on Nov 26, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Chronic Myocarditis
 Due to _____
 Due to _____

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

Major findings: CAD
 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) Means of injury _____

23. Signature W. C. Caldwell (M. D. or other) J. D.

Address Newtown, Mo Date signed 11/28/48

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

2
-43
-39
37823

RECEIVED
District Health Officer No. 10
District File Number 12-48-2132
Date Filed DEC 13 1948

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 *T. Howard Gauld*
Licensed Embalmer No. *519 H O*
P. O. Address *Newtown*

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.