

FILED DEC 1 1942

Registration District No. 1942

Primary Registration District No. 3023

Registrar's No. 223

42  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Old Ladies Home (516 E. Jefferson St.)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days) 40 y.

In this community 40 y.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 516 E. Jefferson  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MARY SUSAN COLLINS

3. (b) If veteran, name war.....

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28  
year 42 hour 12 minute AM

21. I hereby certify that I attended the deceased from J.M.H.P.  
26 1942 to Nov 28 1942  
that I last saw her alive on 11-16 1942  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 17 1865  
(Month) (Day) (Year)

Immediate cause of death Coronary disease Duration 10 min

Due to Valvular Endocarditis  
Myocardium

Due to.....

8. AGE: Years 77 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name James Shindley

13. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Simpson

15. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Savina Jewell

(b) Address Clinton, Mo.

17. (a) Interment (b) Date thereof 11-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Field Oak Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton, Mo.

19. (a) November 28, 1942 Georgia Vitell  
(Date received local registrar) (Registrar's signature) S.K.

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

Major findings: Of operations None

Of autopsy None

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) (d) Means of injury.....

While at work?.....

23. Signature Ed C. Bell (M. D. or other)  
Address Clinton Mo Date signed 11/29/42

REC'D DEC 11 1942

RECEIVED

District Health Officer No. 71

District File Number 12-42-1340

Date Filed 12-10-42

**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 Fred Wilkinson  
Licensed Embalmer No. 2478  
P. O. Address Clinton 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.**