

ED MAR 16 1943 137

Registration District No. _____ Primary Registration District No. **5506**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Rural Clinton**
(c) Name of hospital or institution: **1 Mi. North & West of Clinton**
(d) Length of stay: In hospital or institution **22 yrs**
In this community **22 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Rural**
(d) Street No. **1 Mi. N. & W. of Clinton**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **James T 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 **Married**
6. (b) Name of husband or wife **Alice Collins** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **6 20 1859**

8. AGE: Years **83** Months **7** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Hartwell Mo**

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Thomas Collins**
13. Birthplace **Virginia**
14. Maiden name **Clara Wooster**
15. Birthplace **Virginia**

16. (a) Informant **A Loy Collins**
(b) Address **CLINTON Mo**
17. (a) **Burial** (b) Date thereof **2 3 43**
(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Fred Wilkinson**
(b) Address **CLINTON Mo**

19. (a) **February 2, 1943** (b) **Georgia Kitcher**

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month **Feb** day **7** year **1943** hour **7** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **now** to **Feb 7 1943** that I last saw him alive on **Jan 30 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **asthma myocardial**

Other conditions **93%**

Major findings: Of operations _____ Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **James Collins** (M. D. or other) **D. M.**
Address **Clinton, Mo** Date signed **2-2-43**

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

MOTHER FATHER

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1069

RECEIVED

District Health Officer No. 7

Distribution Number 2-43-65

Date Filed 3-8-43

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

G L Wilke

Registered Apprentice No.

341

working under my personal supervision.

Signed

Fred Wilke

Licensed Embalmer No.

247

P. O. Address

Clinton St

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.