

FILED JUN 17 1943  
Registration District No. 157

Primary Registration District No. 4218

Registrar's No. 91

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

42  
2  
0

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:  
611 East Jackson Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 years (Specify whether years, months or days)

In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 611 E. Jackson  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse Collins

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495 09 7919

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

6. (b) Name of husband or wife Kate Richardson Collins 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. 25 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>18</u>	hr. _____ min.

9. Birthplace Windsor Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laboren

11. Industry or business Rusk's Hatchery

12. Name William Collins

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

14. Maiden name Mary Ann Box

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

16. (a) Informant Mrs. Jesse Collins

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 4-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) May 4 1943 (b) Georgia Kitchen  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1943 hour 8:50 p minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 12 1943 to Apr 18 1943 that I last saw him alive on Apr 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J.A. Blackmore (M. D. or other) \_\_\_\_\_  
Address Windsor, Mo. Date signed 4-14-43

Duration 1 yr  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

1067

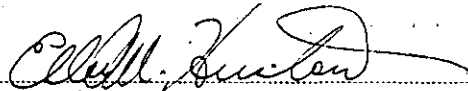
RECEIVED

District Health Officer No. 7,  
District File Number 5-43-540  
Date Filed 6-14-43

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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_



Licensed Embalmer No. 3391

P. O. Address Windsor, 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.