

National Office of Vital Statistics  
**FILED OCT 13 1947**

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 1180

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 2 days.  
In this community 27 years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2912 Lafayette Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Henry Clay Collins

3. (b) If veteran, name war None 3. (c) Social Security No. 500-10-4492

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ressie Collins  
6. (c) Age of husband or wife if alive 29 years  
7. Birth date of deceased September 29 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	11	29	br. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business  
12. Name D.S. Collins  
13. Birthplace Shelleville County Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Bartlett  
15. Birthplace Stewartville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold Clark  
(b) Address 2814 Renick St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof Oct. 1, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clarksdale, Mo.

18. (a) Signature of funeral director *Walter H. ...*  
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 10-6-47 (b) *Ka. B. Jenkins*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28  
year 1947 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 15, 1944 19 to Sept 28, 1947 19  
that I last saw him alive on Sept 28, 1947 19  
and that death occurred on the date and hour stated above.

Immediate cause of death: *Thrombosis of anterior coronary artery* 26 hrs.  
Due to *Coronary Arterio-sclerosis* ?  
Due to *Arterio-sclerosis, general* ?  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *OK*  
Of autopsy *Confirmatory*

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)  
While at work? (e) Means of injury .....  
23. Signature *Willie Hill* (M. D. or others) M.D.  
Address *St. Joseph, Mo.* Date signed *9-30-47*

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

MOTHER FATHER

OCT 13 1950

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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 Albert C. Harrington  
Licensed Embalmer No. 3250 Missouri.....

P. O. Address St. Joseph, 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.