

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30170
Do not use this space.

SEP 7 1939

1. PLACE OF DEATH

(a) County St. Louis County Registration District No. 784
 (b) Township Bonhomme Primary Registration District No. 106
 (c) City Richwood Mo. (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Blanch Collins 18 - — - —

(a) Residence, No. 405 1/2 S. Harrison Av St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mark Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>—11</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joneston Miss

FATHER

13. NAME Sidney Connor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER

15. MAIDEN NAME Catherine Butler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT Mark Collins
 (ADDRESS) 405 1/2 S. Harrison Av

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Father Dickson DATE Aug 15 1939

19. FUNERAL DIRECTOR (NAME) Hemp Hills S. Home
 (ADDRESS) 409 S. Filson Av, Richmond

20. FILED AUG 14 1939 A. R. McJannet
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1939

22. I HEREBY CERTIFY, That I attended deceased from July 20 1939, to Aug 10 1939
 I last saw her alive on Aug 10 1939. Death is said to have occurred on the date stated above, at 11:15 A. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
46

Date of onset _____

Other contributory causes of importance:
Chronic Cholecystitis
Chronic myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Royal C. McLean, M. D.
 (Address) Richwood Mo.

81
2011/10/20 15 0
10.20.2011

8RE

10.20.2011

11

07

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

W. H. Hontela

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas 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, above space should be left blank.