

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 125 Primary Registration District No. 3009

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town RURAL - Cape Girardeau Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOPPER Road - 3 miles N.W. of Cape Gir.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 56 yrs
years, months or days

3. (a) PRINT FULL NAME SAMUEL AARON COLLINS
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LIZZIE COLLINS
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JAN 22 1984
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace HICKORY RIDGE
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name ROBERT MARAION COLLINS
13. Birthplace DONT KNOW MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SALLIE HITT
15. Birthplace DONT KNOW MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lizzie Collins
(b) Address Cape Girardeau Mo.

17. (a) BURIAL (b) Date thereof FEB. 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LORMIER Cemetery

18. (a) Signature of funeral director Wm. L. Loring
(b) Address Cape Girardeau Mo.

19. (a) 2-13-40 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N.W. of Cape Girardeau
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB 13 day 13
year 1940 hour 5 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1 - 1939
Feb 13, 1940, to _____, 19____,
that I last saw him alive on Feb 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 4 weeks

Due to _____
Due to _____

Other conditions cherry lips
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 520

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?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature W. L. Loring (M. D. or other) _____
Address Cape Girardeau Date signed 2-13-40

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.....

working under my personal supervision.

C. J. Lorberg

Registered Apprentice No. _____

Signed

C. J. Lorberg

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau, 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, above space should be left blank.