

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28871**

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **15 yrs 10 mo 24 da** (Specify whether years, months or days)

8. (a) PRINT FULL NAME

Nathalie Collins **452**

9. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female**

6. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased **Sep- 26- 1924**
(Month) (Day) (Year)

8. AGE: Years **15** Months **10** Days **24** If less than one day hr. min.

9. Birthplace **Warrensburg, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **High School Student**

11. Industry or business _____

12. Name **Chas. S. Collins**

13. Birthplace **Warrensburg, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Coffman**

15. Birthplace **Columbus, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. S. Collins**

(b) Address **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof **Aug-22-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Suponey - Phillips**

(b) Address **Warrensburg, Mo.**

19. (a) **Aug 23-1940** (b) **Bertie Bentley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug-** day **20**
year **1940** hour **8:45** minute **P. M.**

21. I hereby certify that I attended the deceased from **Sept. 31** 19**40** to **Aug 20** 19**40**
that I last saw her alive on **Aug. 19** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **32 Disseminated Tuberculosis, Acute**
Due to **(Miliary Tuberculosis)** **6-7 weeks?**

Due to _____
Other conditions: **2.11**
(Include pregnancy within 3 months of death) **6**

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **no**

(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? **YEAH**

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

23. Signature **Chas. S. Collins** (M. D. or other) **1**

Address **Warrensburg, Mo.** Date signed **8-20-40**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-5-40

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.....

Earl Priest, Registered Apprentice No.
working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.