

LED MAR 17 1941

State File No. _____

Registration District No. 211

Primary Registration District No. 2002

Registrar's No. _____

49
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5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: JASPER
 (a) County JASPER
 (b) City or town JOPLIN
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution NONE 528 BROWNELL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NONE 1
 (Specify whether years, months or days) 17 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JASPER
 (c) City or town JOPLIN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 528 BROWNELL AVE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME ROBERT J. COLLINS
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 7
 year 1941 hour 5 minute 30 P. M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JENNIE
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased: OCTOBER 9 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-9-1941 to 3-7-1941
 that I last saw him alive on 3-7-1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 28
 If less than one day hr. _____ min. _____

Immediate cause of death Coronary
degeneration
 Due to chronic nephritis
and arterio sclerosis
 Due to and Accidents

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

Other conditions (Include pregnancy within 3 months of death) 1941

10. Usual occupation MINISTER

11. Industry or business _____
 12. Name ISRAEL COLLINS
 13. Birthplace No RECORD
 (City, town, or county) (State or foreign country)
 14. Maiden name No RECORD
 15. Birthplace No RECORD
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Edna Boggs
 (b) Address 209 N. McColl

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? 372
 (Specify type of place) (e) Means of injury _____

17. (a) BORIAL (b) Date thereof 3-10-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hubert H. Co.
 (b) Address 212 Joplin St. Joplin Mo.
 19. (a) 3-10-41 (b) Ed. James
 (Date received local registrar) (Registrar's signature)

23. Signature Ed James (M. D. or _____)
 Address Joplin Mo Date signed 3-10-41

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.....

P. O. Address.....

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.