

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35282**

FILED NOV 12 1941

Registration District No. **420**

Primary Registration District No. **3022**

Registrar's No. **72**

50
260
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
717 North Fourth Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
(Specify whether years, months or days)

In this community 41 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY JANE COLLINS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Cicero Collins

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Jan. 24, 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>20</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name James C. Cline

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Hibbitt.

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Grand

(b) Address 434 1/2 Federal Blvd. St. Louis, Mo.

17. (a) burial (b) Date thereof Oct. 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (City)

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 10-16-41 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto
(If outside city or town limits, write "RURAL")

(d) Street No. 717 North Fourth
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1941 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from April 20, 1939 to Oct 14, 1941
that I last saw him alive on Oct 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Spinal Regurgitation of heart

Duration not known

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92B

Of autopsy

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 Halter Gibson (M. D. or nurse)

Address DeSoto, Mo. Date signed 10-16-41

381 (Licensed Embalmer's Statement on Reverse Side)

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 *J. E. Tolhurst*

Licensed Embalmer No. *3531*

P. O. Address *Osoto 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.