

FILED DEC 10 1941

Registration District No. 567

Primary Registration District No. 5762 5767

Registrar's No. 121

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town WOLF ISLAND LAKE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GEN. DELIVERY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 MONTHS
(Specify whether years, months or days)
In this community 10 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town WOLF ISLAND
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Delivery
(If rural, give location)
(e) If foreign born, how long in U. S. A? NO years.

3. (a) PRINT FULL NAME Willie May COLLINS

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race COLOR 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife Willie COLLINS 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased DECEMBER 25, 1917
(Month) (Day) (Year)

8. AGE: Years 23 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name WILL PHILLIPS
13. Birthplace not known MISSISSIPPI
(City, town, or county) (State or foreign country)

14. Maiden name BETTY SANDERS
15. Birthplace not known MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Collins
(b) Address WOLF ISLAND, MO

17. (a) BURIAL (b) Date thereof 11-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove - Charleston, MO

18. (a) Signature of funeral director John P. Minnie
(b) Address Charleston, MO

19. (a) 11-16-41 (b) Frank Silverman
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 14TH
year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Oct 28, 1941
that I last saw her alive on Oct 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings: Of operations _____
Of autopsy _____

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 C. C. Brunell (M. D. or other) Th. D.
Address Charleston Date signed 11-14-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Don't know

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

RECEIVED

District Health Office No. 2

District File Number 1241-1629

Date Filed 12/5/41

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.

Not Embalmed

Not Embalmed

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, above space should be left blank.