

STANDARD CERTIFICATE OF DEATH

41240

State File No.

FILED JAN 22 1942

Registration District No.

Primary Registration District No. 205

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Savannah  
(b) City or town Savannah  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Kibbe's Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 days  
In this community 26 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Wright  
(c) City or town Alden  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. No. 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

8. (a) PRINT FULL NAME Amanda Bertrude Collins

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Warren Collins 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Dec. 1 - 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Unknown / Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Shainer

13. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Earnest

15. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Warren Collins

(b) Address Alden, Iowa.

17. (a) Removal (b) Date thereof 12/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alden, Iowa

18. (a) Signature of funeral director Frank A. Becomey

(b) Address Savannah, Mo.

19. (a) Dec. 24 - 41 (b) Mrs. Jennie Rash  
(Date received local registrar) (Registrar's signature)

(Data received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24  
year 1941 hour 6:40 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 28 - Dec. 24, 1941, to Dec. 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 1 day

Due to Carcinoma right breast 6 mo.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 10

Of operations 5

Of autopsy none

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 D

23. Signature Willard G. Stearns (M. D. or other)

Address Savannah Mo. Date signed 12-24-41

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

MOTHER FATHER

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**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 12-24-4

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Wm E. Sumner*

Licensed Embalmer No.....

3057

P. O. Address.....

3198 10th St Joseph Pa

**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.**