

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6033

State File No. \_\_\_\_\_

Registration District No. 8-988

Primary Registration District No. 5-1-314.64

Registrar's No. 49

1200

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

**1. PLACE OF DEATH:**

(a) County Butler

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME (not traced)** Collins

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan 22 1942  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
		<u>1</u>	hr. _____ min. _____

9. Birthplace Nellyville Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ross Dallas

13. Birthplace Cosning Clay Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nora Chidister

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

16. (a) Informant L. J. Jan M.D.

(b) Address Nellyville Mo.

17. (a) \_\_\_\_\_ (b) Date thereof Jan 23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nellyville Benty

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address no undated

19. (a) 2-16-42 (b) Belle Timme  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County Butler 12

(c) City or town Nellyville Star Route  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) D

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 23  
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 22  
9 P.M. 1942 to Jan 23 1942  
that I last saw him alive on Jan 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth 7 months

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

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

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

159

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 L. J. Jan (M. D. or other)

Address Nellyville Mo Date signed Jan 31

RECEIVED

District Health Office No. 2,

District File Number 342-298

Date Filed 3-2-42

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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.....  
....., 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.**