

S. No. 2
1-11-10-39
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35093

State File No.

FILED NOV 9 1942

Registration District No. 368

Primary Registration District No. 6247

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Sullivan Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Johnson Trk
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 Years. (Specify whether years, months or days)
In this community 39 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Sullivan, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry Newton Collins

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May Della Collins 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 3, 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 19 If less than one day hr. _____ min.

9. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Louis J. Collins

13. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Isabel R. f
15. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Collins
(b) Address Sullivan, Mo

17. (a) Burial (b) Date thereof Oct. 25, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director W. P. Shaffer
(b) Address Sullivan, Missouri

19. (a) Oct-27 1942 (b) L. B. Lamb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 23rd
Year 1942 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: None
Of operations _____

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?
Died suddenly in home.

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. B. Lamb 3 Coroner (M. D. or other)
Address Potosi, Missouri Date signed 10/23

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3

District File Number 1142-129

Date Filed 11-6-42

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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan 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, above space should be left blank.