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M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36905

State File No. 168

Registration District No. 71 Primary Registration District No. 9012 Registrar's No.

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 85 days (Specify whether years, months or days)
In this community 85 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St.Louis 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2747 Clark Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Richard D. Collins
3. (b) If veteran, name war World War II
3. (c) Social Security No. Yes-not remembered
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 5, 1920 (Month) (Day) (Year)
8. AGE: Years 21 Months 11 Days 25 If less than one day hr. min.
9. Birthplace Cotton Plant, Arkansas 1 (City, town, or county) (State or foreign country)
10. Usual occupation None Soldier
11. Industry or business "
MOTHER FATHER
12. Name Bennie Collins
13. Birthplace ? ? 9 (City, town, or county) (State or foreign country)
14. Maiden name Eliza ?
15. Birthplace ? ? 9 (City, town, or county) (State or foreign country)
16. (a) Informant Hospital records, Veterans Administration Facility, Excelsior Springs, Mo.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation St.Louis, Mo.
18. (a) Signature of funeral director Claude Prichard CLAUDE PRICHARD, Undertaker
(b) Address Excelsior Springs, Mo.
19. (a) 11-1-42 (Date received local registrar) Mrs Jade Redmond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 1942 hour 7:05 minute A. M.
21. I hereby certify that I attended the deceased from August 7, 1942 to October 30, 1942 that I last saw him alive on October 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, active, chronic, far advanced with massive cavitation, left	5-21-42
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As shown above	

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? (Specify type of place)
While at work? Means of injury
23. Signature FORREST G. BELL, M.D. (M. D. or other)
Address Veterans Administration Excelsior Springs, Mo. Date signed

1106 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 12-3-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.