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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24690

Registration District No. 68 Primary Registration District No. 5-266 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Christian

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

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

(d) Length of stay: In hospital or institution
In this community Most of His Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian 22 0

(c) City or town Ozark Mo. R.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Finley Township
(If rural, give location)

(e) Citizen of foreign country? No. (~~Yes or~~ No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph L. Collins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Ella Collins

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June (Month) 2 (Day) 1863 (Year)

8. ACE: Years 80 Months 0 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Christian (~~City, town, or~~ county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Collins
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Cowden
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs Ella Collins
(b) Address Ozark Mo. R.R.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof June 11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Selmore Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo

19. (a) July 3 1943 (Date received local registrar) (b) Mrs Maklow Stine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1943 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept. 26, 1941 to June 9, 1943 that I last saw him alive on June 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease and Prostate Gland trouble

Due to

Due to

Other conditions 92d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (e) Means of injury

23. Signature J H Wade (M. D. ~~or other~~)

Address Ozark Mo. Date signed 7-3-43

1279

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 743-864
Date Filed JUL 16 1943

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.