S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43375

State File No.

Registration District No. 277 Primary Registration District No. 5952 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural - Spencer Tow
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 mi N of Curryville /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Love Joy Collins

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Francis Collins

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

7. Birth date of deceased May (Month) 7 (Day) 1876 (Year)

8. AGE: Years 67 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Ralls Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John D. Collins
13. Birthplace Ralls Co. (City, town, or county) Mo (State or foreign country)

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

16. (a) Informant John Collins
(b) Address Bowling Green Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Curryville Mo

18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green Mo

19. (a) 11/30/43 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. 23 day
year 1943 hour 2 PM minute M.

21. I hereby certify that I attended the deceased from Nov. 11, 1943, to Nov. 23, 1943
that I last saw him alive on Nov. 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Insipidus

Due to

Due to Infection in foot

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 6'

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 S. L. Dewhirst (M. D. or other)

Address Curryville Mo Date signed Nov. 24-43

1148 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-1981
Date Filed DEC 14 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 H. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.