

FILED MAY 8/1944

Registration District No. _____

Primary Registration District No. 3021

Registrar's No. 239

1. PLACE OF DEATH:

(a) County GRAND
 (b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
467 West 20th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 14 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRAND
 (c) City or town TRENTON
(If outside city or town limits, write "RURAL")
 (d) Street No. 417 W 20th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LYLE WAYNE COLLINS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Feb 6, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 26 hr. _____ min.

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

10. Usual occupation child

11. Industry or business none

12. Name Dempsey Wallace Collins

13. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Pearcy

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

16. (a) Informant Dempsey Collins
 (b) Address Trenton Mo

17. (a) Burial (b) Date thereof 4-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2077 Ashbury Mo.

18. (a) Signature of funeral director Dempsey Wallace Collins

(b) Address Trenton Mo

19. (a) 4-4-44 (b) L. J. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
 year 44 hour 10:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from April 1, 1944 to April 2, 1944; that I last saw him alive on April 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia and organic Heart Dis
Whooping Cough

Other conditions: 9
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 E. A. Duff (M. D. or owner)
 Address Trenton Mo Date signed april 4 1944

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Myself

..... Registered Apprentice No.....

working under my personal supervision.

Signed *James A. Williams*

Licensed Embalmer No. *3424*

P. O. Address *Denton 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.