

FILED FEB 15 1945

Primary Registration District No. 5143

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural Route #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
route #3 Poplar Bluff Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 62 years /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Lafayette 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 Single

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

7. Birth date of deceased: Jan 16 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 30 If less than one day hr. min.

9. Birthplace Clayborne Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name William Collins
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Robinson
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant George Collins
(b) Address Poplar Bluff route #3

17. (a) Buried (b) Date thereof Jan 17, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Watkins
(b) Address Dexter, Missouri

19. (a) 1-6-45 (b) Belle Kirne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1945 hour _____ minute _____ 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 _____

Myocarditis
senility

Due to _____

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

Major findings: 43e
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: George W. Grier
Poplar Bluff, Mo. Date signed: 1-14-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 245-191

Date Filed 2-7-45

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 Raymond Steele

Licensed Embalmer No. 2476

P. O. Address Lexington, N.C.

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.