

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9904**
Registrar's No. **38**

Registration District No. **164**

Primary Registration District No. **3032**

1. PLACE OF DEATH:
(a) County **Johnson**
(b) City or town **Warrensburg**
(c) Name of hospital or institution: **122 West Gay**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**
In this community **20 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg**
(d) Street No. **122 West Gay**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Mrs. Ellen Collins**
(b) If veteran, name war
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **22**
year **1946** hour **9** minute **10** a.m.

4. Sex **Female** 5. Color of race **White**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Z. Samuel Collins**
(c) Age of husband or wife if alive **17** years **1870** (Year)

21. I hereby certify that I attended the deceased from **March 17**, 1946 to **March 22**, 1946
that I last saw him alive on **March 22**, 1946
and that death occurred on the date and hour stated above.

7. Birth date of deceased **February 17 1870**
(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis** Duration **5 1/2 min**
Due to **Myocardial infarction**
Cardio-vascular disease **5 1/2 hr**

8. AGE: Years **76** Months **1** Days **5**
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **930**

9. Birthplace **Easton Kansas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**
11. Industry or business
12. Name **Charles Thornton**
13. Birthplace **Jackson County Missouri**
14. Maiden name **Martin Ellen Addison**
15. Birthplace **Easton Kansas**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Betty Collins**
(b) Address **San Francisco**
17. (a) **Burial** (b) Date thereof **3/25/46**
(c) Place: burial or cremation **Smithville, Mo.**
18. (a) Signature of funeral director **W. F. Wilcox**
(b) Address **Warrensburg, Missouri**
19. (a) **Mar. 23, 1946** (b) **Edw. Small**
(Date received local registrar) (Registrar's signature)

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?
(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 **W. F. Wilcox M.D.** (M. D. or other)
Address **Warrensburg, Mo.** Date signed **3/23/46**

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

MAY 9 1945

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.....
Licensed Embalmer No. 3599
P. O. Address Pleasant Hill

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.