

No. 2  
8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED JUL 15 1946** STANDARD CERTIFICATE OF DEATH

20101

State File No. \_\_\_\_\_  
Registrar's No. 24

Registration District No. 143 Primary Registration District No. 5561

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

1. PLACE OF DEATH:  
(a) County Howell  
(b) City or town Rural - Silom Springs TWP#2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Entire life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howell  
(c) City or town Rural - Willow Spgs., R#1.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cora Civisy COLLINS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 20  
year 1946 hour 5 minute p. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anthony F. Collins  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Aug. 22, 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 22, 1946 to June 20, 1946  
that I last saw her alive on June 22, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 9 30 hr. min.

Immediate cause of death Heart Failure  
Due to Influenza  
Due to \_\_\_\_\_

9. Birthplace Howell County, Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 33K  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Bert Moore

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

14. Maiden name Mary Brown

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

16. (a) Informant A.F. Collins

(b) Address Willow Springs R#1, Mo

17. (a) Burial (b) Date thereof 6/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carroll Cemetery  
Burns Funeral Home

18. (a) Signature of funeral director Willow Springs, Mo.  
(b) Address Willow Springs, Mo.  
19. (a) June 23, 1946 (b) Wm. Mellen  
(Date received local registrar) (Registrar's signature)

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

22. If death was due to external causes, fill in the following: No  
(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 Cherry  
23. Signature W. L. Chenoweth (M.D. or other)  
Address Willow Springs, Mo. Date signed June 23, 1946

RECEIVED

District Health Officer No. 5,

District File Number 746417

Date Filed 7-11-46

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..... J. C. Burns 

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.