

STANDARD CERTIFICATE OF DEATH

32532

State File No. _____

Registration District No. 376

Primary Registration District No. 6282

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Millard Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Dora
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Dean Collins

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

4. Sex Female 5. Color or race White 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. 8 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 8 9 hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER, FATHER { 12. Name Benford Collins
13. Birthplace Siloan Springs Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ottie Collins
15. Birthplace Rosevelt Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Benford Collins
(b) Address Dora At the I business
17. (a) Burial (b) Date thereof Sept 19, -46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosevelt Cemetery
18. (a) Signature of funeral director Thomas G. Auldin
(b) Address Box 136, Norwood, Mo.
19. (a) 9-19-46 (b) Mrs. G. R. Worsham
(Date received local registrar) (Registrar's signature)

347 by Mrs. Kay _____ (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 17
year 1946 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 9:15
to 11:15 on 9/17 1946
that I last saw her alive on _____ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____
Profectus
Phlebitis
Plat form - vein
Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____
1000
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 July Douglas Co
(c) Where did injury occur? Dora (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature L. S. Vinyard (M. D. or other) _____
Address Norwood Mo Date signed 9/19
1946

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

REC'D

District Health Officer No. 6,

District File Number 946-988

Date Filed 9-26-46

01.01

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, THOMAS J. HADDEN

Registered Apprentice No. _____
working under my personal supervision.

Signed

Thomas J. Hadden

Licensed Embalmer No. 4317

P.O. Address! Box 136, Norwood, Me.

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.