

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1946
Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37893
Registrar's No. 452

Primary Registration District No. 3052

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

0
6
4

36710

1. PLACE OF DEATH:
(a) County DEAL PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 HRS.
(Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County PETTIS 80
(c) City or town SEDALIA 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 E 9TH ST 4
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM JOE COLLINS
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex MALE (1) Color or race WHITE
5. Color or race _____
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 12 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 4 11 hr. min.

9. Birthplace SEDALIA MO
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business _____

12. Name WILLIAM COLLINS

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

14. Maiden name BLANCHE HARNED

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

16. (a) Informant BLANCHE COLLINS

(b) Address 1302 E 9TH SEDALIA MO

17. (a) BURIAL (b) Date thereof 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia, Mo.

19. (a) 11/25/46 (b) Betty Yeager
(Date received local registrar) (Deputy Registrar's signature) Address 312 1/2 S. 8th Sedalia, Mo. Date signed 11/29/46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1946 hour 10:13 minute P M.
21. I hereby certify that I viewed the deceased from 05:00 AM
11/23/1946 to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Duration 7 hrs.
Shock, Perforation of liver, kidney
Due to gun shot wound in right lateral side of chest
Due to careless handling of gun

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

Major findings: Of operations 4th
Of autopsy Perforation of liver, rt. kidney & small intestine
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) accident

(b) Date of occurrence 11/23/46

(c) Where did injury occur RURAL WARSAW BOSTON MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Like of Ozarks
(Specify type of place)
While at work? no (e) Means of injury gun shot wound

23. Signature W. H. Thompson (M.D. or other) D.O.
Address 312 1/2 S. 8th Sedalia, Mo. Date signed 11/29/46

RECEIVED

District Health Officer No. 8,

List of Life member _____

12-11-46

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sidalia 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.