

U. S. No. 2
DOM-2-43
Rev. 5-17-39
Form I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1502

FILED FEB 19 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH

(a) County Gasper

(b) City or town Gasper
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hr
(Specify whether years, months or days)

In this community 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County St. Francis

(c) City or town St. Francis
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME J. J. COLLINS

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

4. Sex Male 5. Color 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: 9 (Month) 1880 (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1947 hour 7 minute 45 p. M.

21. I hereby certify that I attended the deceased from Jan 7, 1947, to Jan 7, 1947 that I last saw him alive on Jan 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 da

Due to acute upper respiratory infection

Due to _____

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

8. AGE: Years 66 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Oresso Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER { 12. Name Thomas R. Collins

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Mary Kelly

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Monroe

(b) Address 203 N. Miller, Vinita, Okla

17. (a) removal (b) Date thereof 1-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vinita, Okla

18. (a) Signature of funeral director Eugenbuech Funeral Home

(b) Address Vinita, Okla

19. (a) 1-7-47 (b) W. Springer
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 10?

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 Virgil E. Jean (M. D. or other) _____

Address Joplin, Mo Date signed 1-6-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

47-1-35

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.