

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12850
Registrar's No. 85

Registration District No. 38 Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution:
4 South 1st St
(d) Length of stay: In hospital or institution _____
In this community 6 1/2 yrs. 11 mo. 10 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CANNIE COLLINS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married; divorced widowed
6. (b) Name of husband or wife Willard Collins
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4-2-1880

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 11 year 1947
21. I hereby certify that I attended the deceased from March 3/8 to 3/8 1947
that I last saw her alive on 3/8 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Paralysis Duration 2 hrs

8. AGE: Years 66 Months 11 Days 10
If less than one day _____ hr. _____ min.

Due to Sen Arterio sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Columbia (City, town, or county) Mo (State or foreign country)
10. Usual occupation at home
11. Industry or business _____
12. Name unknown
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name unknown
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings: Of operations PT
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant James Brantley
(b) Address Queenport Iowa
17. (a) Burial (b) Date thereof 3-16-1947
(c) Place: burial or cremation Galaxy Cemetery
18. (a) Signature of funeral director Stuart Parker
(b) Address Columbia Missouri
19. (a) 3-15-47 (b) Mrs R.E. Palmer

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 A Smith (M. D. or other) _____
Address Columbia Date signed 3/15/47

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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 3/31/47
District File Number _____
District Health Officers No. 9,
RECEIVED
JUN 9 1947

JUN 5 1953

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 Stuart D. Parker
Licensed Embalmer No. 2900
P. O. Address Columbia, 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.