

No. 2  
-12-45  
-17-39  
I X47070

FILED JUL 26 1947  
Registration District No. 1228

Primary Registration District No. 2000

State File No. \_\_\_\_\_  
Registrar's No. 649

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
Specify whether \_\_\_\_\_

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Crawell 999

(c) City or town Green Forest  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Collie, Baby Girl

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

4. Sex F 5. Color of race WHITE

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7 - 19 - 47  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
-	-	-	3 hr. min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Collie, Ma. Kenneth

13. Birthplace Green Forest, Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Tinsley, Virginia

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

16. (a) Informant Kenneth Collie

(b) Address Green Forest, Arkansas

17. (a) Removed (b) Date thereof 7 20 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Forest, Ark.

18. (a) Signature of funeral director Removed

(b) Address By Kenneth Collie

19. (a) 7-21-47 (b) W E Handy M D  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from birth at 1 PM  
19 July, 1947, to 4 PM 19 July, 1947;  
that I last saw her alive on 19 July, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
5 mo gestation

Due to Induced abortion (Therapeutic)

Due to Pyelitis of Pregnancy severe  
anemia and

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

15-9

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)

(c) Means of injury \_\_\_\_\_

23. Signature Staley S. Peterson M.D. (M. D. or other) M.D.

Address 205 St. Louis Springfield, Mo. Date signed 19 July 47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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**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.....

.....  
Licensed Embalmer No.....

P. O. Address.....

**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.**