

**FILED** AUG 7 1947

Registration District No. 141

Primary Registration District No. 5551

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Howell, Twp.  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Levi Sherman Collins

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lidia 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 15 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Henry Collins  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Colly Arispa  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.S. Collins

(b) Address West Plains, Mo

17. (a) B (b) Date thereof 5-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collins Cem.

18. (a) Signature of funeral director Robertsons

(b) Address West Plains, Mo

19. (a) June 25-1947 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell  
(c) City or town West Plains  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23  
year 1947 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from March 11, 1947, to May 21, 1947,  
that I last saw him alive on May 21, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Myocarditis Duration 1 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Prostatitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations OP 7/15  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
(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 2

23. Signature Dr. R.A. Smith (M.D. or other) Dr.  
Address West Plains, Mo. Date signed 5/25/47

Dr. Richard Smith

RECEIVED

District H. . . . . No. 5,

District File No. 847437

Date Filed 8-5-47

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.....

Geo. H. Doago  
working under my personal supervision.

Registered Apprentice No. 4317

Signed Faige D. Faberton

Licensed Embalmer No. 3435

P. O. Address West Plains

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.