

No. 2  
A-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 126

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 6

1. PLACE OF DEATH:  
(a) County... Boone  
(b) City or town... Columbia  
(c) Name of hospital or institution:  
Ellis Fischel State Cancer Hospital  
(d) Length of stay: In hospital or institution... 42 Days  
In this community...  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Pittis 80  
(c) City or town... Sedalia 6  
(d) Street No... 911 East Sixth 4  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country

3. (a) PRINT FULL NAME Mrs. Ida Michael Collins  
3. (b) If veteran, name war...  
3. (c) Social Security No...

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 9 year 1948 hour four minute ten P.M.  
21. I hereby certify that I attended the deceased from Oct 17 1948 to Jan 9 1948 that I last saw her alive on Jan 9 1948 and that death occurred on the date and hour stated above.

4. Sex F race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife... Hugh Collins  
6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased Oct. 12 1888  
(Month) (Day) (Year)

Immediate cause of death... Carcinomatosis  
Due to Adenocarcinoma, rt breast  
Duration  
Other conditions...  
Major findings: Of operations 50  
Of autopsy... as above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
59 2 28 hr. min.  
9. Birthplace Wannetta, Nebraska (City, town, or county) (State or foreign country)  
10. Usual occupation House wife

11. Industry or business  
12. Name B.P. Michael  
13. Birthplace X 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Burns  
15. Birthplace X 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Record  
(b) Address  
17. (a) Removal (b) Date thereof 1 10 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sedalia Mo  
18. (a) Signature of funeral director Parker Funeral Service  
(b) Address 18N. 10 St. Columbia Mo  
19. (a) 1-10-48 (b) Mrs. R.E. Palmer  
(Date received local registrar) (Registrar's signature)

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 C.A. McAfee (M. D. or other) M.D.  
Address Ellis Fischel State Cancer Date signed 1/9/48

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

10  
2  
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Date Filed 11/15/08  
District File Number \_\_\_\_\_  
District Health Officer No. 9,  
**RECEIVED**

**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 Tom McHarg  
Licensed Embalmer No. 4507  
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.**