S. No. 2
M—8-43
. 5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2911

Registration District No. 220 Primary Registration District No. 5798 Registrar's No.

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

1. PLACE OF DEATH:
(a) County MONTITEAU
(b) City or town RURAL - HIGHPOINT MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONTITEAU
(c) City or town RURAL - HIGH POINT
(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 SHREOTHA COLLINS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WM COLLINS
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased SEPT (Month) 30TH (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	6	hr. min.

9. Birthplace MONITEAU CO (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name THOS J. PHILLIPPS
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name DIADEMIA GOFF
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant Mrs Stanley Kidwell
(b) Address Barnett MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation HIGH POINT CEM
18. (a) Signature of funeral director W. J. Kidwell
(b) Address Versailles Mo
19. (a) 1-9-45 (Date received local registrar) (b) Mrs. Margaret Martine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 5th year 1945 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 1-2- 1945 to 1-5- 1945
that I last saw her alive on 1-2- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Clot on brain — Duration 3 days
Due to Ruptured blood vessel in the brain
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. R. Popejoy (M. D. or other) M.D.
Address California Mo Date signed 1-8-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-3-45

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 W. F. Nidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.