REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13921
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1675
(d) Street No. 4447 Wabash St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Mrs Jennie Marie Collins
(a) Residence, No. 4447 Wabash St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph M. Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22 1871
7. AGE YEARS 68 MONTHS 0 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa

FATHER
13. NAME UNKNOWN BALMAT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ohio

MOTHER
15. MAIDEN NAME Mary UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Joseph M. Collins 4447 Wabash
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ossian Iowa DATE April 22 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer's Sons Brushcreek & Paseo
20. FILED Apr 21, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1939, to Apr. 18, 1939
I last saw her alive on Apr. 18th, 1939. Death is said to have occurred on the date stated above, at 11 15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer on Left Breast	5 years ago

Other contributory causes of importance:

Injury

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Wm H Crowder, M. D.
(Address) 4214 Main St. Cty.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

4214 Main Va 5124 Va 4332
3 P.M.

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 Nell Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Brushcreek

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, above space should be left blank.