

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.

REC'D JUL 15 1939

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

22301
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398

(b) Township Dexter Primary Registration District No. 3019 Registered No. 209

(c) City Independence (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME H52- John B Collins

(a) Residence, No. 129 W. Rubey St. Independence, Mo.
(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 Male 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 Mrs Katherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 18 64

7. AGE YEARS 75 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as saw mill, bank, etc. Wagoner Gales Mill

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

13. NAME _____ 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 9

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29 - 1939 to 29 - 1939

I last saw him alive on June 29 1939 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 6-29-39

Other contributory causes of importance: arteriosclerosis

Name of operation none 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) [Signature] M. D.

360 (Address) Independence

17. INFORMANT Mrs Katherine Collins
(ADDRESS) 129 W Rubey St Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 6 1939

19. FUNERAL DIRECTOR Off Mitchell Funeral Home
(ADDRESS) 210 N. Main St Independence Mo

20. FILED July 5 1939 [Signature] Local Registrar.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)