

REC'D AUG 7 1939

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

24666
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 3 Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 2929
(c) City KANSAS CITY 1 (d) Street No. CRESTHAVEN CONVALESCENT HOME - 3616 SUMMIT
(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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

200 MRS. TAMMY COLLINS HICKEY
(a) Residence, No. 5512 VIRGINIA St. (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) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES H. HICKEY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-24-1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA 1
13. NAME JACOB COLLINS 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA 1
15. MAIDEN NAME EYOLINE BLACKFORD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO
17. INFORMANT MRTA MARNELL
(ADDRESS) 5512 VIRGINIA AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JULY-17-1939
19. FUNERAL DIRECTOR (NAME) DW. NEWCOMER'S SONS
(ADDRESS) 1401-13 RUSH CREEK BLVD
July 17, 1939 M. M. Brown
20. FILE July 17, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-15-1939
22. I HEREBY CERTIFY, That I attended deceased from March 24 1939, to July 15 1939
I last saw her alive on July 14 1939. Death is said to have occurred on the date stated above, at 4:05A.M.
The principal cause of death and related causes of importance were as follows:
arterio-sclerosis Date of onset
myo-carditis
93 N
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
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?.....
If so, specify
(Signed) I. Hubert L. Mandy, M. D.
(Address) 714 Medical Ave

2-5-8

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kansas City 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, above space should be left blank.