

31456

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

3554

OCT 18 1939
Registration District No.

399

Primary Registration District No.

1002

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution W.C. Cogen Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay in hospital or institution 10 days
 (Specify whether years, months or days) 28 YEARS

3. (a) PRINT FULL NAME

Mary E Collins

3. (b) If veteran, name war

NONE

3. (c) Social Security No.

NONE

4. Sex

F.

5. Color or race

W.

6. (a) Single, widowed, married, divorced

Mar.

6. (b) Name of husband or wife

Fred Collins

6. (c) Age of husband or wife if

alive 69 years

7. Birth date of deceased

JULY 8 1887

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5221

hr. min.

9. Birthplace

NEW ORLEANS LOUISIANA

(City, town, or county)

(State or foreign country)

10. Usual occupation

HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name HENRY WEBER13. Birthplace DEIDESHEIM RHEINPHALZ GERMANY

(City, town, or county)

(State or foreign country)

14. Maiden name REGINA REIF15. Birthplace SALMBACH ALSACE

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Fred Collins

(b) Address

2616 ASHLEY AVENUE17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

SEPT-11-1939

(Month) (Day) (Year)

(c) Place: burial or cremation

MEMORIAL PARK

18. (a) Signature of funeral director

A. H. Newcomer's Sons

(b) Address

1401 BRUSH CREEK BLYD19. (a) Sept 11 1939

(Date received local registrar)

(b) M. M. Brown

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2616 Ashley
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
 year 1939 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from
8-30, 1939 to 9-9, 1939;
 that I last saw him alive on 9-9, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmo. Edema Durationmany congestions andDue to Acute and Chronic de-hydration and hypertrophy of LtDue to Left AdrenalomaOther conditions 9/5/39Major findings:
Of operationsOf autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence None

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. P. R. M. M. D. (M. D. or other)Address Sup't. C. Cogen Hosp. Kansas City Date signed 9-9-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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. B. Newcomer Jr.

Licensed Embalmer No.

4043

P. O. Address

N. C. 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.