

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
1105 Forest Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether) 0
In this community 16 years,
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 1105 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Emma Collins
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

20. DATE OF DEATH: Month Nov. day 15th
year 1940 hour 6 minute 15 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, married, divorced, Widowed.
6. (b) Name of husband or wife G. R. Collins, 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased June 23 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 7th, 1940, 1940, to Nov. 15th, 1940;
that I last saw her alive on Nov. 13th, 1940, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to Senility

Duration

Due to _____
Other conditions (Include pregnancy within 3 months of death) 95 1/2

Major findings: Of operations _____
Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1
23. Signature Dr. K. C. Gen. Hospital (M. D. or other) _____
Address Med. Dir. K. C. Gen. Hospital Date signed 11/15/40

8. AGE: Years Months Days If less than one day
85 4 22 hr. min.

9. Birthplace Wisconsin,
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

12. Name Randall,

13. Birthplace Unknown,
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,

15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Seitter,

(b) Address 1105 Forest, Kansas City, Mo.

17. (a) Removal (b) Date thereof 11-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braymer, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-15-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

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

Licensed Embalmer No. *[Signature]*

1415
P. O. Address *[Signature]*

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.