

S. No. 2
-11-10-39
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37786**
Registrar's No. **4384**

Registration District No. **399**

Primary Registration District No. **1002**

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

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:
714 West 43rd Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 74 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maggie Collins

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Fe

5. Color or race Col

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER { **12. Name** Moses Collins

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

14. Maiden name Sophia Allen

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

16. (a) Informant Sophia Boaz

(b) Address 6613 Marquette Road, Chicago, Ill

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 11/18/40
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hathens Bros.

(b) Address 1729 Lydia

19. (a) 11-18-40 (Date received local registrar)

(b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 714 West 43rd Terr.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1940 to Nov 14, 1940
that I last saw her alive on 11/14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
acute myocarditis

Due to Senility

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 930

Major findings:
Of operations _____

Of autopsy no

Duration

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) (a) Means of injury

23. Signature D. B. Millman (M. D. or other)

Address 16 Lydia **Date signed** 11/18/40

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.....

David Jerome Manlove

Licensed Embalmer No.....

399-4

P. O. Address.....

1120 E. 23rd St

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4384

On this 17th day of January, 1941, before me appears.....

Sophia Boyz, who, upon her oath, states that the original record of ~~birth~~ death
for Maggie Collins died Nov. 14th, 1940, in the State of
~~born~~ Missouri, and which was filed at Kansas City on 11-18-40, 19....., should be corrected as follows:

Item No. 7 should read March 29, 1868

Instead of March 29, 1866

Item No. 8 should read 72 yrs. 7 mo. 15 days

Instead of 74 yrs. 7 mo. 15 days.

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Sophia B. Boyz aunt
Relationship.

712 West 43rd Terrace
Present Address.

Subscribed and sworn to before me this 17 day of January, 1941

My Commission expires Sept 27, 1943 Margaret M. Crowe Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-37784