

FILED JAN 25 1949

Registration District No. 403 Primary Registration District No. 5777 Registrar's No. _____

48

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

1. PLACE OF DEATH:

(a) County Jackson

(b) *City or town 68 & Cambridge, K.C. Mo. #2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Raytown, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 52 years (Specify whether
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Raytown, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 68 & Cambridge, K.C. Mo. #2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 89 years years.

3. (a) PRINT FULL NAME Edward Hewett Collings

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betty L. Collings 6. (c) Age of husband or wife if alive about 70 years

7. Birth date of deceased Sept. 13 1949
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1940 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 1937 to Nov 18 1940
that I last saw him alive on Nov 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Memia

8. AGE: Years Months Days If less than one day
91 2 5 hr. min.

9. Birthplace: Bristol England
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Henry Collings

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

14. Maiden name Ann Yeates

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

Due to Prostatic hypertrophy 10 yrs

Due to Senility 20 yrs

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Betty L. Collings
(b) Address 68 & Cambridge, K.C. Mo. #2

17. (a) Burial (b) Date thereof Nov. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cem. Raytown

18. (a) Signature of funeral director E. Clark Hegart 365
(b) Address Raytown, Mo.

19. (a) 12-6-40 (b) R. M. L. Bank
(Date received local registrar) (Registrar's signature)

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? Mo.

(Specify type of place) _____

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

23. Signature R. M. L. Bank (M. D. or other) MD
Address Raytown Mo Date signed 11-17-40

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 Clark Heger

Licensed Embalmer No. 3983

P. O. Address Raytown 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.