

No. 2
12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7158

State File No. _____

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 7
(If outside city or town limits, write "RURAL")

(d) Street No. 9501 E 13th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Charles Vane Collins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19,
year 1941 hour 7:00 AM minute _____ M.

4. Sex Male 5. Color or race whit

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: August 5, 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 16 1941,
1941, to Feb 19, 1941;
that I last saw him alive on Feb 18, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 6 14 hr. _____ min.

Immediate cause of death Pneumococcus

Due to Influenza

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

10. Usual occupation _____

Due to _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Gordon Vane Collins

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

14. Maiden name Margaret Smith

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

Major findings: _____
Of operations _____

Of autopsy _____

16. (a) Informant Gordon V. Collins

(b) Address 9501 E 13th St Independence

17. (a) Burial (b) Date thereof Feb 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound View Cem

18. (a) Signature of funeral director Cate & Speaks

(b) Address Independence Mo

19. (a) Feb 20-41 (b) R. L. Cook M.D.
(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? Yes

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles V. Collins (M. D. or other) MD

Address Independence Mo Date signed 2-20-41

Duration of Illness _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Roland P. Peak
.....
Licensed Embalmer No. 13604

P. O. Address Independence, 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, fact should be so stated above.