

Registration District No. 399

Primary Registration District No. 1002

48
3
2

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 3 days
Specify whether

In this community Non-Resident
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County _____

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

(d) Street No. 1424 23rd St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: Mary Frances Collins

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour 7:10 minute A.M.

21. I hereby certify that I attended the deceased from June 22, 1941, to July 6, 1941;
that I last saw h. ee alive on July 5, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Collins (deceased)

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

7. Birth date of deceased August 20, 1859
(Month) (Day) (Year)

Immediate cause of death: Thrombosis of left pulmonary artery

Due to Generalized arteriosclerosis

Due to 122

Other conditions Bilateral pyelonephritis
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 10 Days 16
If less than one day

9. Birthplace Hannouville, Clinton Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

PHYSICIAN

Major findings: none

Of operations _____

Of autopsy as above

Duration 1 wk

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name J. W. Cross

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

14. Maiden name Clara Hoggard

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

16. (a) Informant Joe F. Collins

(b) Address 9751 Sleepy Hollow Rd

17. (a) Burial (b) Date thereof Jul 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lathrop Mts

18. (a) Signature of funeral director W. M. Crow

(b) Address Lathrop Mts

19. (a) 7-6-41 (b) M. M. Crow
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. M. Crow (M. D. or other) D

Address Plaza Med Bldg Date signed 7-6-41

6435 Jefferson

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

Vee Moss Crunk

Registered Apprentice No.

working under my personal supervision.

Signed

Vee Moss Crunk

Licensed Embalmer No.

2538

P. O. Address

Letting - 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.