

No. 2
1-13-40
-17-39
X23159

State File No.

DEC 22 1941 399
Registration District No.

Primary Registration District No. 10-2

Registrar's No. 4190

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:
2332 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED: 048
3
8

(a) State Missouri (b) County Jackson

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

(d) Street No. 2332 Benton 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years years.

3. (a) PRINT FULL NAME Bridget Collins

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew Collins 6. (c) Age of husband or wife if alive 1866 years

7. Birth date of deceased February 2, (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Co. Limerick, Ireland (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant Maurice Collins
(b) Address Oxley, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Louisberg, Kansas

18. (a) Signature of funeral director John J. Tobin Co

(b) Address H. K. G. Co.

19. (a) 11-12-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 1941 hour 3:10 P. minute 0 M.

21. I hereby certify that John J. Tobin died from 3:10 P. 1941 to 1941 1941 ; that I last saw him alive on 11-9-41 and that death occurred on the date and hour stated above. Immediate cause of death Asphyxia

Due Acute pulmonary edema
Myopericarditis of the heart
Due to Coronary atherosclerosis
Other conditions 92 a
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____
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, or farm, in industrial place, in public place? 3

While at work _____ (Specify type of place) (a) Means of injury 0

23. Signature M. M. Crow (M. D. or other) _____
Address 1512 E. 12th Date signed _____

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.....

working under my personal supervision.

John J. Bourroy

Registered Apprentice No.

307

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.