V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5258

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 981

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:
2514 Benton Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4
(c) City or town Kansas City Blvd. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2514 Benton Blvd. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -- 0

3. (a) PRINT FULL NAME Mrs. Elizabeth Major Collins

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Mr. William N. Collins
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased May (Month) 22 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
72	9	~~25~~ 17	hr. min.

9. Birthplace Kearney (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business --

FATHER
12. Name Stephen S. Major
13. Birthplace Lancaster (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary E. Cook
15. Birthplace Lancaster (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Frank B Collins
(b) Address 2425 East 75th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 3-10-42 (Date received local registrar) (b) Mr. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 th
year 1942 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that ... occurred on the date and hour stated above.

Immediate cause of death ... Duration

Due to Extensive burns of entire body

Due to 180-1 15

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection

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) Accident
(b) Date of occurrence 3-9-42 123
(c) Where did injury occur? K. C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury Conflagration
23. Signature [signature] (M. D. or other)
Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1962

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 W M Simpson

Licensed Embalmer No. 3962

P. O. Address K. C. 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.