

FILED MAY 14 1942
Registration District No. _____

Primary Registration District No. **1002**

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:
3403 East 28th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 Yrs.**
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Nannie J. McCollum**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No**

4. Sex **Fe.** 5. Color or race **Wh.**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Elza J. McCollum**

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

7. Birth date of deceased **Jan. 18th. 1853**
(Month) (Day) (Year)

8. AGE: Years **89** Months **3** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Rock Castle Co. Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown Burdett**

13. Birthplace **Rock Castle Co. Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Justin Smith (GrandDaughter)**

(b) Address **3403 East 28th. K.C. Mo.**

17. (a) **Removal** (b) Date thereof **May 4-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Florence Kansas**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C. Mo.**

19. (a) **5-3-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**

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

(d) Street No. **3403 East 28th.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1** year **1942** hour **15** minute **30 A.**

21. I hereby certify that I attended the deceased from **Jan. 1 1932** to **May 1 1942**

that I last saw him alive on **May 1 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 3 yrs**

Due to **Chronic Myocarditis 5 yrs**

Due to **1918**

Other conditions **(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, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury **B**

23. Signature **James J. [unclear]** (M. D. or other) _____

Address **202 Waldheim** Date signed **5-4-42**

W. J. ...
Mortician ...

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 Chas Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Pinewood

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.