

No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16904

State File No.

FILED JUN 11 1942
399

Registration District No.

Primary Registration District No.

1002

Registrar's No.

2134

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6431 South Benton. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether
 In this community 42 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 6431 South Benton.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME John W. COLLIER.
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 31st
 year 1942 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from July
 1941, to January 31, 1942.
 that I last saw him alive on May 31, 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Katherine A. Collier.
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased December 30th, 1880
(Month) (Day) (Year)

Immediate cause of death:
Myocardial degeneration 3 days
 Due to Fibrotic tuberculosis 10 years
 Due to arteriosclerosis year
 Other conditions (Include pregnancy within 3 months of death) 13B

8. AGE: Years Months Days If less than one day
61 5 1 hr. min.

9. Birthplace Paris Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Steam Fitter.

11. Industry or business Retired

MOTHER FATHER { 12. Name William Collier.

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

14. Maiden name Catherine McNamara.

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

16. (a) Informant Katherine A. Collier

(b) Address 6431 South Benton.

17. (a) Burial (b) Date thereof 6/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery.

18. (a) Signature of funeral director Hellody-McGilley.
 (b) Address K. C. Mo.

19. (a) 6-1-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations none
 Of autopsy none

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?
(Specify type of place)
 While at work..... (Means of injury) D
 23. Signature John T. Shuman M. D. or other MD
 Address 1402 Bryant Bldg Date signed 6/1/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

361

K. E. N. O.

Dr. John T. Skinner
Bryant Bldg.

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..... *JT Skinner*
Licensed Embalmer No..... *3995*
P. O. Address..... *KC*

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.