

Registration District No. **1002**

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:
7131 Chestnut Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)

In this community **44 years,**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **7131 Chestnut**
(If rural, give location)

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

If yes, name country **x**

3. (a) PRINT FULL NAME **Miss Rebecca J. Collier,**

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

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

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **x**

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

7. Birth date of deceased **May 1 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	26	hr. min.

9. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **x**

MOTHER FATHER { 12. Name **George Collier,**

13. Birthplace **Ireland,** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Bassett,**

15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Lydia Collier,**

(b) Address **7131 Chestnut St., Kansas City, Mo.**

17. (a) Burial **Forest Hill Cemetery**
(Burial, cremation, or removal)

(b) Date thereof **1-28-43**
(Month) (Day) (Year)

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-28-43** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **27th**
year **1943** hour **8:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Jan. 26 1943** to **Jan. 27 1943**
that I last saw her alive on **Jan. 27 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **8 hrs.**
Arteriosclerosis of 20s **5 yrs.**

Due to **Arteriosclerosis of 20s**

Due to

Other conditions **none**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations **none**

Of autopsy **none**

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Eugene W. Carbaugh** (Specify type of place) (e) Means of injury
Address **City of Kansas City, Mo.** (M. D. or other)
Date signed **1-28-43**

Dr. Eugene Carbaugh

Carbaugh

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..... *E. M. Plouck*

Licensed Embalmer No. *1848*

P. O. Address..... *W. 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.