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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13098

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 1575

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Florence Home for Colored Girls (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 4 days (Specify whether

In this community 2 mos. 4 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48 3 8

(c) City or town K. C. Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 2228 Campbell St. (If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Clyde Lester Collins

3. (b) If veteran, name war — no

3. (c) Social Security No. — none

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 27 (Day) 1943 (Year)

**8. AGE:** Years | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Richard Thomas
13. Birthplace — (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Letha Collins
15. Birthplace Fort Scott (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Letha Collins

(b) Address 2228 Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West, Appleton Jones

(b) Address 1905 Vine St.

19. (a) 4-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month March day 31 year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 29, 1943 to March 30, 1943 that I last saw him alive on March 30, 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pneumonia (Lobar) | 2 Day |
| Due to 108 | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

**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)

(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? (e) Means of injury 0

23. Signature Eugene P. Chatman (M. D. or other)

Address 1739 Brooklyn Date signed 4-2-43

(Licensed Embalmer's Statement on Reverse Side)

Wa 345 y

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**