

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

FILED AUG 21 1943

149

Primary Registration District No. **1002**

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:
1206 2 208 Montgall
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8/9/43 9:30 P.**
to 8/10/43 in K. C. **40 years**
(Specify whether years, months or days)

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. **5615 East 35th Terrace**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: **Esther Collins**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **J. Flavius Collins** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 27, 1899**
(Month) (Day) (Year)

8. AGE: Years **44** Months **5** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **San Antonio, Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Spriggs**
 13. Birthplace **Texas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Pierson**
 15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Verniece Miller**

(b) Address **2208 East 24th Terrace**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/13/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Walter Bros.**

(b) Address **1729 Lydia Ave.**

19. (a) **8-13-43** (Date received local registrar) (b) **P. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August 10** Tuesday year **1943** hour **2:00** minute _____ M.

21. I hereby certify that I attended the deceased from **8-8-43**, 19____, to **8-9-43**, 19____, that I last saw him alive on **8-1-43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Acute intestinal obstruction 2 dss.**

Due to **Old postoperative adhesions.**

Due to _____
 Other conditions **1228**
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **L. E. Williams** (M. D. certifying) Address **1213 Paso** Date signed **8-13-43**

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 Jerome Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highline

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.