

No. 2  
5-42  
17-39  
X32873

Registration District No. **FILED FEB / 28 9 1944**

Primary Registration District No. **1002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Jackson**

(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: **1041 Cleveland**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **25 years**  
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. **1041 Cleveland**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Joseph Collins**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katherine O'Neil Collins** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **June 4, 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **13**  
year **1944** hour **3** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **Dec 15**  
**1943** to **Jan 13, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Uremia**

8. AGE: Years **75** Months **7** Days **9** If less than one day  
hr. min.

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

10. Usual occupation **Machinist**

Due to **Acute Uremia** **2 days**

Due to **Chr. Nephritis** **6 mo**

Other conditions (Include pregnancy within 3 months of death) **1313**

11. Industry or business **M.O.P. Railroad**

MOTHER FATHER { 12. Name **Fred Collins**

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

14. Maiden name **Bridget Hayes**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Katherine Collins**

(b) Address **1041 Cleveland, K.C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 17-44**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt St Marys Cemetery**

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

(b) Address **6606 Indep. Ave. K.C. Mo.**

19. (a) **Jan 15, 1944** (Date received local registrar) (b) **J. J. Rendus** (Registrar's signature)

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) Means of injury \_\_\_\_\_

23. Signature **Lawrence** (M. D. or other) **1/14/44**  
Address **814 Professional Bldg** Date signed \_\_\_\_\_

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

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**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.**