S. No. 2
M—2-43
v. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5989

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 556

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: Menorah Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 1-21-44
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 15
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5163 Wornall Road, 5
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x O

3. (a) PRINT FULL NAME Leo E. Collins

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harriett Collins
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased October (Month) 10 (Day) 1888 (Year)

8. AGE: Years 55 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) O (State or foreign country)
10. Usual occupation Investments,
11. Industry or business x

FATHER
12. Name W. H. Collins,
13. Birthplace Ohio, (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Ollie Collins
15. Birthplace Missouri (City, town, or county) O (State or foreign country)

16. (a) Informant Mrs. Leo E. Collins,
(b) Address 5163 Wornall Road, Kansas City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 2-3-1944 (Date received local registrar) (b) T E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1944 hour 2:55 minute P. M.
21. I hereby certify that I attended the deceased from Jan 21, 1944, to Jan 31, 1944 that I last saw him alive on Jan 31, 1944, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
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) no
(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? O (e) Means of injury O
23. Signature Fred Drury (M. D. or other)
Address 1610 Prof Bldg Date signed 2-2-44

361 (Licensed Embalmer's Statement on Reverse Side)

Dr. Fred Irwig

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. 1463

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.