

S. No. 2  
M-5-43  
7.5-17-39  
D I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14140  
Registrar's No. 323

FILED MAY 11 1944

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether In this community 80 yrs 2 Mo 8. 24 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hospital St. Joseph  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Bill Andy Collins  
3. (b) If veteran, name war None 3. (c) Social Security No. 0  
4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 0 years  
7. Birth date of deceased Jan. 2 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 12:45 P.M.  
year 1944 hour 12:45 minute 0 M.  
21. I hereby certify that I attended the deceased from 3/15/44  
to 3/16/44 and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia lobar R.L. Duration 3 da

8. AGE: Years Months Days If less than one day  
70 2 24 hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business None

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Vestina Collins  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Parker  
(b) Address Elwood Kansas

17. (a) Burial (b) Date thereof 3/29/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland

18. (a) Signature of funeral director J. F. Ramsey  
(b) Address 1602 Mesquite

19. (a) 3-29-44 (b) W. H. Helzog  
(Date received local registrar) (Registrar's signature)

Due to 108  
Due to 108  
Other conditions (Include pregnancy within 3 months of death)  
Grav. Colic of Spleen  
Major findings: None  
Of operations None  
Of autopsy None  
PHYSICIAN 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? \_\_\_\_\_ (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 0

23. Signature J. P. Ramsey (M. D. or other) 0  
Address 734 1st Ave Date signed 3/28/44

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

1233

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 me

J. F. Ramsey, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. F. Ramsey

Licensed Embalmer No. 408

P. O. Address 1602 Mesquite

**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.