

FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1031

9

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 7340 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 30 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7340 Main 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH EDWARD COLLIER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Henrietta 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Sept. 30, 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Building Superintendent, Retail

11. Industry or business Thomas Realty Co.,

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. E. Black

(b) Address 7340 Main

17. (a) Removal (b) Date thereof 1/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everton, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address Kansas City, Mo.

19. (a) 1-3-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 26
1944, to Jan. 2, 1945
that I last saw him alive on Jan. 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs

Due to _____

Due to _____

Under conditions Terminal Bron-
(Include agency within 3 months of death) chitis

Major findings: None 9.3.45

Of operations None
Of autopsy None

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 _____

23. Signature Renald G. Davis (M. D. or other) M.D.
Address 201 Plaza Theatre Date signed 1-3-45

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

MOTHER FATHER

Dr. Kenneth Davis

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 *J H Blackman*

Licensed Embalmer No. *3639*

P. O. Address *14 E Mo*

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.