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

889

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1946

State File No. 1259

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 71

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~~: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 5-DAYS (Specify whether
In this community 45 yrs.
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. 6541 EDGEVALE ROAD
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Miss Cora B Collins

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-1876

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ------

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased April (Month) 3, (Day) 1876 (Year)

8. AGE: Years 69 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation SECRETARY

11. Industry or business

FATHER
12. Name James M. Collins
13. Birthplace Cumberland (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Josephine A. Goodman
15. Birthplace Kingston (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James E. Collins
(b) Address 1321 Valentine Road

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-7-46 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ HAMILTON, MISSOURI

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 1-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 4TH year 1946 hour 2 minute 45P. M.

21. I hereby certify that I attended the deceased from 12-10 45 to 1-4 46
that I last saw her alive on 1-4 46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis mitral stenosis & Regurgitation

Due to Bro Renal compensation

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

Duration

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? no (e) Means of injury

23. Signature W. J. Miller (M. D. or other)
Address 806 Argyle Date signed 1-5-46

(Licensed Embalmer's Statement on Reverse Side)

Cryptic Body

JAN 9 1947

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.....Emile M. Colbrum.....

Licensed Embalmer No.....3506.....

P. O. Address.....KC 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.