

S. No. 2  
M-543  
7-5-17-39  
I X36671

State File No. \_\_\_\_\_  
Registrar's No. 12

Registration District No. 4946

Primary Registration District No. 1002

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

890

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:  
5445 LYDIA AVENUE 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 23 YEARS  
years, months or days)

3. (a) PRINT FULL NAME MR. JOHN COOKES COLLINS

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 WIDOWED

6. (b) Name of husband or wife MRS. ELIZABETH ANN COLLINS

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

7. Birth date of deceased DECEMBER-26-1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 0 16 hr. min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name AARON COLLINS

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

14. Maiden name VIRGINIA

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

16. (a) Informant MRS. EDITH V. REEDER

(b) Address 5445 LYDIA AVENUE

17. (a) REMOVAL (b) Date thereof JAN-3-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHAMPAGNE, ILLINOIS

18. (a) Signature of funeral director D. H. Newsome's Sons

(b) Address 1401 BROS. CREEK BLVD.

19. (a) 1-3-46 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON <sup>48</sup>

(c) City or town KANSAS CITY <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 5445 LYDIA AVENUE <sup>8</sup>  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 2<sup>ND</sup>  
year 1946 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945 to 1/2, 1946  
that I last saw him alive on 1/2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Arteriosclerosis years

Due to \_\_\_\_\_

Other conditions Chr. myocarditis 1946  
(Include pregnancy within 3 months of death)

Major findings: 9302

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) ✓

(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. J. Tesson (M. D. or \_\_\_\_\_)  
Address 907 Riatta Bldg Date signed 1/3/46

1  
Specimen  
copy

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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 *H. C. Newcomer Jr*  
Licensed Embalmer No. 4843  
P. O. Address *A. C. 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.**