

FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 370

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7320 Gases  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 55 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson City  
(If outside city or town limits, write "RURAL")

(d) Street No. 7320 Gases  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mattie Elizabeth Collins

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month Jan. day 23<sup>RD</sup>  
year 1946 hour 2 minute 00 A. M.

4. Sex Female 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife H. Collins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: December - 18 - 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 13, 1945, to Jan 22, 1946  
that I last saw him alive on Jan 22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Duration \_\_\_\_\_

8. AGE: Years 74 Months 1 Days 5 If less than one day \_\_\_\_\_ yr. \_\_\_\_\_ mn.

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

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

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

Other conditions Hepatitis  
(Include pregnancy within 6 months of death)

10. Usual occupation housewife

Major findings: a3d

11. Industry or business AT HOME

Of operations \_\_\_\_\_

12. Name Jonithan Haines

Of autopsy \_\_\_\_\_

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

14. Maiden name Mary Ann Faggart

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

16. (a) Informant Mrs. Virginia Hollandingham

(b) Address 7320 Gases

17. (a) burial (b) Date thereof Jan 25 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MA. MORRIS, GEN

18. (a) Signature of funeral director A. N. Newsome's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-23-46 (b) Alvadine Holmes  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence Dec 13 - 1945

(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 \_\_\_\_\_

23. Signature Chas. F. Clark (M. D. or other)

Address Argyle Bldg. Date signed 1-23-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
892

*August 1959*

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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 *Paul Rapp*  
Licensed Embalmer No. *13458*  
P. O. Address *K.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.**