

FILED JAN 21 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5353

1. PLACE OF DEATH: Jackson
 (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: General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
 In this community 39 years
 (Specify whether 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. 1107 E. 12 St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred J. Collums
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 22
 year 1945 hour 3 minute A. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Mary Elizabeth Collums
 6. (c) Age of husband or wife if alive dec years
 7. Birth date of deceased October 19 1869
 (Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis with cardiac decompensation

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

Due to _____
 Due to _____

10. Usual occupation none

Other conditions (include pregnancy within 3 months of death) 938

11. Industry or business _____
 12. Name William Collums
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy None

16. (a) Informant Hospital Records
 (b) Address Kansas City, Mo.
 17. (a) Burial (b) Date thereof 12-28-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem.

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? _____

18. (a) Signature of funeral director Stuart McClure
 (b) Address 3235 Bellvue Plaza K.C. Mo.
 19. (a) 12-27-45 (b) Sheddine Holmes
 (Date received local registrar) (Registrar's signature)

23. Signature Clark W. Selby (M.D. or other)
 Address Med. Dir. Gen'l Hosp. Date signed 12-22-45

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

100250

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.