S. No. 2
M—2-43
5-17-39
I X35697

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

See also 16597-46

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 22 1946

State File No. 13081

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 1674

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: GEN'L HOSP. #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 WKS. (Specify whether In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town K C MO (If outside city or town limits, write "RURAL") 3

(d) Street No. 1616 E. 24th Street (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME ARTHUR COLLINS

3. (b) If veteran, name war DONT KNOW

3. (c) Social Security No. unknown

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife LULA COLLINS

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased SEPT (Month) 3 (Day) 1889 (Year)

8. AGE: Years 56 Months ~~6~~ 7 Days 3 If less than one day hr. min.

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

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name DENNIS COLLINS 0
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ANNIE WALKER 0
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant Lula Collins (Widow)

(b) Address 1616 E. 24th Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 10 (Day) 46 (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Wornall Funeral Home

(b) Address K-C. Mo.

19. (a) 4-9-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Fracture of Femur and Tibia

Due to Fall from 4th floor window (Hospital)

Other conditions Insanity (Include pregnancy within 3 months of death) Tried to escape from Hosp.

Major findings: Of operations 1860.5

Of autopsy No-Permit. 39

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) Accident

(b) Date of occurrence 2/13/46 123

(c) Where did injury occur? K.C. Jackson (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? K.C. Gen. Hosp. #2 (Specify type of place)

While at work? (e) Means of injury Deputy Coroner

23. Signature J. Williams (M. D. or other)

Address 2636 Brooklyn Date signed 4-9-46

(Licensed Embalmer's Statement on Reverse Side)

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. G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15 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.