

**FILED** MAY 13 1946  
Registration District No. 179

Primary Registration District No. 1002

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

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: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 29 days  
 (Specify whether  
 In this community as above  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kansas (b) County 99<sup>th</sup>  
 (c) City or town Wellsville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. X  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Cora Marie Collins  
 (b) If veteran, name war no.  
 (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 29  
 year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Jesse Gilbert Collins  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased April 26 1880  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1<sup>st</sup>  
 1945, to Apr. 29, 1946  
 that I last saw her alive on Apr. 29, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia  
 Duration 48 hrs  
 Due to Chronic nephrosclerosis yes  
& generalized arteriosclerosis  
 Due to Hypertension - malignant yes  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings: none  
 Of operations: 131  
 Of autopsy: \_\_\_\_\_

8. AGE: Years 66 Months 0 Days 3  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Elkart, Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business: X

MOTHER FATHER  
 12. Name Benjamin Franklin Bice  
 13. Birthplace Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bertha Owen  
 15. Birthplace New York  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Gilbert Collins  
 (b) Address Wellsville, Kansas

17. (a) removal (b) Date thereof 4-30-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wellsville, Kansas

18. (a) Signature of funeral director Stine & McClure Und. Co.  
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-3-46 (b) Gertrude Holmes  
 (Date received local registrar) (Registrar's signature)

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?  
 (Specify type of place) \_\_\_\_\_  
 While at work? (a) Means of injury \_\_\_\_\_

23. Signature Bertha E. Owen (M. D. \_\_\_\_\_)  
 Address 1202 Argyle Bldg. Date signed 5-1-46  
X C M S.

*anyone 12/14  
1/18/57*

MAY 3 1947

FEB 18 1947

JUN 3 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 *[Signature]*

Licensed Embalmer No. *14657*

P. O. Address *[Signature]*

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.