

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

29555

FILED SEP 30 1946

State File No. _____
Registrar's No. 1078

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
814 So. 15th. St.
(d) Length of stay: In hospital or institution None
In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 814 So. 15th. St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Michael J. Collins
(b) If veteran, name war None
(c) Social Security No. 707-05-2334

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 19
year 1946 hour 8 minute 45 A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Collins
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July 23 1873

21. I hereby certify that I attended the deceased from Sept. 17
that I last saw him alive on Sept. 18
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Sero-purulent Bronchitis
Duration 4 days

8. AGE: Years 73 Months 1 Days 26

Due to Developed upon a chronic Bronchitis
Due to Cardia - Vascular - Renal Origin
Other conditions Embolism of Lungs
Major findings: Of operations
Of autopsy

9. Birthplace Unknown Pennsylvania
10. Usual occupation Retired Wire Chief

PHYSICIAN
Underline the cause to which death should be charged statistically.
12.4 B

11. Industry or business C. B. & O Railroad
12. Name William Collins
13. Birthplace Unknown Ireland
14. Maiden name Margaret Kenny
15. Birthplace Unknown Ireland
16. (a) Informant Mrs. Elizabeth Collins
(b) Address 814 So. 15th. St.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof Sept. 21, 46
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Sept. 26, 1946 (Date received local registrar)
F. J. [Signature] (Registrar's signature)

While at work? (Specify type of place)
(e) Means of injury
23. Signature Gordon [Signature] (M. D. or other)
Address 845 So. 19 St. for Mrs. Date signed 9/30/46

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

28391

MAY 5 1947

APR 15 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 Chas. Thomas

Licensed Embalmer No. 2640

P. O. Address. St. Joseph, 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.