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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38068

Registrar's No. 4652

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

1. PLACE OF DEATH:
(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: 7131 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution N.O. (Specify whether)
In this community 60 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. 7131 Chestnut
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country Is

3. (a) PRINT FULL NAME Elinor Collier
(b) If veteran, name war N.O.
(c) Social Security No. N.O.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 6
year 1947 hour 11 minute 50 P.M.

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced single
(b) Name of husband or wife
(c) Age of husband or wife if alive years
7. Birth date of deceased: July 16 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 6 1947 to over 6 1947
that I last saw her alive on Dec 5 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 3 Days 20
If less than one day hr. min.

Immediate cause of death: CARDIAC THEROSIS
Duration 20ms

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

Due to
Due to
Other conditions SEVERE DIARRHEA (Include pregnancy within 3 months of death) YES.

10. Usual occupation Retired

Major findings: Of operations g/a
Of autopsy

11. Industry or business Retired

12. Name George Collier

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

14. Maiden name Rebecca Bassett

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

16. (a) Informant Lydiah Collier

(b) Address 7131 Chestnut

17. (a) Burial (b) Date thereof 11/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine McClure

(b) Address Kansas City, Mo.

19. (a) 11-7-47 (Date received local registrar) R. Geraldine Holmes (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?
While at work (Specify type of place) (e) Means of injury
23. Signature AC Lutz M: D. or other
Address 6944 Forest Hill Dr. Date signed Nov 27 1947

Dr. Quistgaard
6444 Prospect
207 M.
6444
6443

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 *J. Clair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *K. E. M. U.*

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.