No. 2.
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 20 1948

Registration District No. 1449

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 1018

Registrar's No. 73

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: 1331 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 11 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1331 Tracy Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Belle Collins

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female 2 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John Collins 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March 31, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	1	hr. min.

9. Birthplace: St. Joseph, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Unknown 7
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Pansy Howard
(b) Address: 1331 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Gathen Bros.
(b) Address: 1729 Lydia Ave.

19. (a) 1-7-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11/25/47, 19..., to 1/1/48, 19..., that I last saw him alive on 1/1/48, 19..., and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Uremal Regurgitation

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 92 15

Of autopsy:

PHYSICIAN
Underline the cause of 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: (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)
Address: [illegible] Date signed: 1/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. W. Turner
12 & Highlands

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 Bruce Riley, Registered Apprentice No. 511, working under my personal supervision.

Signed I. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.