

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8323

State File No.

FILED APR 6 1949

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| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1058</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>KANSAS CITY</u> <u>1</u>) c. LENGTH OF STAY (In this place) <u>12 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>2416 East 9th Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>COLLINS</u> c. (Last) <u>COLLINS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1949</u> | | 5. SEX <u>MALE</u> <u>2</u> | | 6. COLOR OR RACE <u>NEGRO</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u> <u>2</u> | | 8. DATE OF BIRTH <u>APRIL 18 1890</u> | | 9. AGE (In years last birthday) <u>58</u> If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>BOONEVILLE, MISSOURI</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>CHARLES COLLINS</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>ELSIE</u> | | 14. NAME OF HUSBAND OR WIFE <u>Marie</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>LUCILLE HEATH</u> | | ADDRESS <u>2416 East 9th Street</u> | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY ARTERIOSCLEROSIS</u> ANTECEDENT CAUSES <u>XXXXXX</u> <u>RHEUMATIC HEART DISEASE old</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from <u>2/28/</u> <u>19 49</u> , to <u>3/4/</u> <u>19 49</u> , that I last saw the deceased alive on <u>3/4/</u> <u>19 49</u> , and that death occurred at <u>7:40 A</u> m., from the causes and on the date stated above. | | 23. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>600 East 22nd Street</u> | |
| 23c. DATE SIGNED <u>3/4/49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>3-10/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Moore</u> | | ADDRESS <u>1820 E. 18th St</u> | | DATE REC'D BY LOCAL REG. <u>3-8-49</u> | |
| REGISTRAR'S SIGNATURE <u>C. Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Moore</u> | | ADDRESS <u>1820 E. 18th St</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

HB Moore

Signed _____
Student Embalmer

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

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.