

FILED JUL 15 1950

STANDARD CERTIFICATE OF DEATH

20132

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2866

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City, Mo.)

c. LENGTH OF STAY (In this place) 57 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION Robinson Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) Kansas City

d. STREET ADDRESS (If rural, give location) 128 S. Belmont

3. NAME OF DECEASED

a. (First) Ellen b. (Middle) B c. (Last) Collier

4. DATE OF DEATH (Month) (Day) (Year) June 28, 1950

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH Sept. 26, 1892 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stemstress

10b. KIND OF BUSINESS OR INDUSTRY Wholesale garment

11. BIRTHPLACE (State or foreign country) Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Antoine Martin 13b. MOTHER'S MAIDEN NAME Minnie Harris 14. NAME OF HUSBAND OR WIFE NONE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 495 03 3563

17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Johnston, Kansas City 3, Mo. ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Broncho Pneumonia

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain tumor, malignant

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days

Unknown

195X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1950, to 6-28, 1950, that I last saw the deceased alive on 6-27, 1950, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE Paul Hines (Degree or title) M.D. 23b. ADDRESS 2625 W. 12th, Kansas City, Mo. 23c. DATE SIGNED 6-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6-30-50 24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO

DATE REC'D BY LOCAL REG. 6-29-50 REGISTRAR'S SIGNATURE Thereldine Holman FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson ADDRESS Independence, Mo.

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.

Student .....  
Student Embalmer

Signed *R. A. Lisle* .....

Licensed Embalmer No. *423* .....

P. O. Address *Independence* .....

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.