

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

59-039980

FILED VS. DEC 10 1959

149

Primary Registration District No. *1002*

Registrar's No. *5800*

5800

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 8 yrs.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 2449 Flora Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last THURMAN COLLINS			4. DATE OF DEATH Month Day Year November 29, 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Faubin, Louisiana	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MYLES Collins		13b. MOTHER'S MAIDEN NAME Unknown LIZ. SPENCER	14. NAME OF HUSBAND OR WIFE _____		
15. DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) No W.W.I		16. SOCIAL SECURITY NO. 495-09-0879	17. INFORMANT Address Elizabeth White 2449 Flora Sis-in-law		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia DUE TO (b) Thrombosis of Left Cerebral Artery with Right Hemiplegia. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>June 10, 1959</u> to <u>Nov. 29, 1959</u> and last saw her <u>Nov. 25, 1959</u> alive on. Death occurred at <u>2:55 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Bruce P. Mc Donald M.D.		22b. ADDRESS 2604 Prospect Avenue		22c. DATE SIGNED 12/1/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-2-59	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, county) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 12-2-59	26. REGISTRAR'S SIGNATURE Vera Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Bruce P. Mc Donald

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 _____
Signature of Student Embalmer

Signed ^X Nicholas S. Green

Licensed Embalmer No. 4721
P. O. Address 18th + Ben

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.