

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPT. MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6759
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 2 Registration District No. 398
 (b) Township Blue 1 Primary Registration District No. 5554 Registered No. 74
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 31 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Louisa Collins
 (a) Residence, No. Barton Road 6 miles East Independence (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Collins Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 10 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None wife
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri

FATHER
 13. NAME Peter Wyler 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Unknown 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Andrew Collins Independence, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE 2-28-39
 19. FUNERAL DIRECTOR (ADDRESS) Ott & Mitchell Independence
 20. FILED 3-1-39 F. L. Leach Local Registrar. 366

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan Feb 5 1939, to Feb 26 1939
 I last saw her alive on Feb 26 1939 Death is said to have occurred on the date stated above, at 8:10 p. m.
 The principal cause of death and related causes of importance were as follows:
Heart Block (Complete)
Atherosclerosis Disease
 Other contributory causes of importance: 95W
Idiopathic

Name of operation none Date of.....
 What test confirmed diagnosis? Cholesterol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify..... (Signed) C. Haller M. D.
 (Address) Independence

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)