

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

Rev. 5-17-39  
11 X1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38561**

Registration District No. **399**

Primary Registration District No. **1607**

Registrar's No. **4325**

1. PLACE OF DEATH:

(a) County Jackson **3**  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
George H. Nettleton Home,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Unknown,  
(Specify whether  
In this community Unknown,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 81st & Wornall Road - Dr-22  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Unknown, years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11,  
year 1939, hour 6:00 minute P. M.  
21. I hereby certify that I attended the deceased from Oct 31-39  
Nov 11, 1939, to Nov 11, 1939  
that I last saw her alive on Nov 11, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia Duration 11 days  
Due to 1072

Other conditions Chronic Arthritis  
(Include pregnancy within 3 months of death)  
of many years duration  
Major findings:  
Of operation  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME

Mrs. Belle Collins, 1152

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

6. (b) Name of husband or wife William S. Collins, 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased August 1 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 10 hr. min.

9. Birthplace Kansas,  
(City, town, or county) (State or foreign country)

10. Usual occupation None,

11. Industry or business X

12. Name Augustus Shannon,

18. Birthplace West Virginia,  
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Ann Mason,

15. Birthplace Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Lee Antonette Painter

(b) Address 5123 Walnut, Kansas City, Mo.

17. (a) Elmwood Cemetery (b) Date thereof 11-13-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Nov 13 1939 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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?

While at work (Specify type of place) (e) Means of injury  
23. Signature John H. Lapp M.D. (M. D. or other)  
Address 1314 Professional Date signed 11/13/39

Dr. John G. Lepp,  
Professional Bldg.,

11 A.M. to 1

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*J. G. Lepp*

Licensed Embalmer No. 1416 -

P. O. Address 151 E. 120

**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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. ....  
 (b) Township Raw Primary Registration District No. .... Registered No. 1325  
 (c) City St. Louis (d) Street No. Geo. N. Nettleton Home 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5125 Maple Parkway St.  (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 ♂ 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

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