S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9586

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1020

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2905 E. 31st St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 2905 E. 31st St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Mabel Rose Collier 460

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Arthur T. Collier

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: September 8, 1881 (Month) (Day) (Year)

8. AGE: Years 58 | Months 5 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Sept. 8, (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: At home

11. Industry or business: ____

FATHER
12. Name: Benjamin F. Williams
13. Birthplace: (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Emily E. Fetter
15. Birthplace: (City, town, or county) Penna. (State or foreign country)

16. (a) Informant: Arthur T. Collier
(b) Address: 2905 E. 31st St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 W. 42nd St., K.C., Mo.

19. (a) Mch 5, 1940 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5, year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 2/25/40 ~~3/3/40~~, 19__, to 3/3/40, 19__; that I last saw her alive on 3/3/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of Heart	2 wks
Due to: Chronic Myocarditis	over five months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none made
Of autopsy: none made

PHYSICIAN: Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Frederick A. Baldwin (M. D. or other)
Address: 317 Argyle Bldg Date signed: 3/5/40 Kansas City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Google Bldg 10-4

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address K C M O

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.