

FILED APR 10 1942

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(c) Name of hospital or institution Excelsior Springs Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 12 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior City
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Asa M. Collins

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color of hair White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 28-1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____

12. Name Whit Collins

13. Birthplace Edgar, Ky
(City, town, or county) (State or foreign country)

14. Maiden name Edgar Carson

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

16. (a) Informant Mr. J. D. Gray

(b) Address Liberty, Mo

17. (a) Burial (b) Date thereof Mar 9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Church, Mo

18. (a) Signature of funeral director Chas. Arthur Co

(b) Address Liberty, Mo

19. (a) 3-9-42 (b) Miss Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar, day 8, year 1942, hour 1, minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 1, 1942, to Mar 8, 1942, that I last saw him alive on Mar 8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction
Due to _____
Duration 15 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 97
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Burden Matley (M. D. or other) _____
Address Liberty, Mo Date signed 8-3-42

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

RECEIVED

District Health Officer No. 8,

Case File Number _____

Date Filed 4-9-42

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Mo.

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.