

FILED MAY 21 1942

Registration District No. 399

Primary Registration District No. 1002

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

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4-28-42-5-7-42  
(Specify whether  
 In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME ELLA COLLINS  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex Female  
 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Russell Collins  
 6. (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased Oct. 27, 1904  
(Month) (Day) (Year)

8. AGE: Years About 37 Months 6 Days 10  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
 (b) Address General Hospital No. 2

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 5-15-42  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Woodlawn Home

18. (a) Signature of funeral director E. E. Davis  
 (b) Address Independence, Mo.

19. (a) 5-15-42 (b) H. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 1516 Olive  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
 year 1942 hour 6 minute 35 a. m.

21. I hereby certify that I attended the deceased from April 28, 1942 to May 7, 1942  
 that I last saw her alive on May 7, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive type heart disease  
 Duration \_\_\_\_\_

Due to Avitaminosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_ Means of injury D

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Gen. Hosp. #2-600 E. 22 Date signed 5-9-42

*artemiosis*

MAR 22 1943

FEB 23 1943

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 *[Signature]*  
Licensed Embalmer No. *3388*  
P. O. Address *K.C. 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.