

MAR 15 1943

149

State File No. \_\_\_\_\_  
Registrar's No. 1101

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hrs.  
(Specify whether  
In this community 35 Years  
years, months or days)

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. 1402 Grand  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hurbert Collins,  
3. (b) If veteran, name war no 3. (c) Social Security No. 555-20-4195

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 5th  
year 1943 hour 2 minutes 45 A.M. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, Widowed  
2 divorced  
6. (b) Name of husband or wife Jean Collins  
6. (c) Age of husband or wife if alive ---- years  
7. Birth date of deceased: 3-5-43 11-15 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-4-43, 19\_\_\_\_, to 3-5-43, 19\_\_\_\_;  
that I last saw him alive on 3-5-43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 3 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Chronic cardio vascular disease  
Duration \_\_\_\_\_

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

Due to \_\_\_\_\_  
Due to 93d  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Auto Mechanic

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name James Collins  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Eualah Eridgewater  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Of autopsy None  
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? Mo.  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant James Collins  
(b) Address 821 East ninth

23. Signature Dr. R. P. Florn (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. General Hospital Date signed \_\_\_\_\_

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Liberty Cem. Warrensburg

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn

19. (a) 3-6-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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

MOTHER FATHER

OCT 20 1952

MAR 17 1943

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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.....

*Jan E. Huston*

Licensed Embalmer No. *1681*

\* P. O. Address.....

**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.**