

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

113099

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1507

1. PLACE OF DEATH:

(a) County JACKSON
 (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:
2321 TERRACE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME NATHAN COLLINS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife WINIFRED COLLINS 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased FEB 22 1869
 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 11 If less than one day hr. min.

9. Birthplace WAYNE COUNTY IOWA
 (City, town, or county) (State or foreign country)

10. Usual occupation MINISTER.

11. Industry or business

MOTHER FATHER { 12. Name ISSAC COLLINS
 { 13. Birthplace WHEELING West Virginia
 { 14. Maiden name Julia Mullins
 { 15. Birthplace WHEELING West Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Collins
 (b) Address 19 No. 2 St K.C. Mo

17. (a) BURIAL (b) Date thereof Apr 7 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director Walter Funeral Home

(b) Address 2332 W. Montan K.C. Mo

19. (a) 4-5-43 (b) M. M. Brown
 (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. 2321 TERRACE
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3
 year 1943 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1935 to 1943
 that I last saw him alive on 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart

Due to Chorea 935

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Infection Throat

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 James (M.D. or other) 3/4/43
 Address James Date signed.....

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

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 *Oscar Samuelson*

Licensed Embalmer No. *3002*

P. O. Address..... *2332 Monte Place*

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.