

**FILED SEP 21 1943** 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3755

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 8-22-43 - 1 Hr.  
(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. 1618 Lydia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BEULAH COLLINS  
3. (b) If veteran, name war None  
3. (c) Social Security No. 495-05-562

4. Sex female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased September 17 1897  
(Month) (Day) (Year)

8. AGE: Years 47 1/2 Months 11 Days 26 1/2  
If less than one day hr. min.

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

10. Usual occupation Laundress

11. Industry or business Unknown

MOTHER, FATHER

12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie  
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 8/31/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.  
(b) Address 1729 Lydia Avenue

19. (a) 8-31-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
year 1943 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 8-22-43  
8:45 P. M., 1943, to 9:45 P. M., 1943;

that I last saw her alive on August 22, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure

Due to Hypertensive Type Heart Disease

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

Other conditions 93d  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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 J. E. Brown (M. D. or other) \_\_\_\_\_

Address Gen. Hosp. #2 - 600 E. 22<sup>nd</sup> St. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address. 2503 Highland

**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.**