

FILED FEB 22 1944

State File No.

Registration District No. 42

Primary Registration District No. 1800

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp #2 #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 7 mos
(Specify whether years, months or days)

In this community 2 yrs 7 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town St. Louis Blue
(If outside city or town limits, write "RURAL")

(d) Street No. 71
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Dennis Collins

3. (b) If veteran, name war 9

3. (c) Social Security No. 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from 1-10-44
1944 to 1-25 1944
that I last saw him alive on 1-25-44 1944
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife W

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

7. Birth date of deceased: Dec 4 66
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia (Hypostatic)

Due to Hypostasis

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy NO

Duration 4 days

8. AGE: Years 77 Months 1 Days 22
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business ✓

12. Name Timothy Collins

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Donovan 4

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Warp records

(b) Address

17. (a) removal (b) Date thereof 1/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Walter C. Bell & Cowman

(b) Address 319 So. 13th

19. (a) 1/26/44 (b) Roe H. Hays
(Date received local registrar) (Registrar's signature)

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 R. H. Hays (M. D. or other) MD
Address State Hosp #2 Joseph Mo Date signed 1/26/44

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

MOTHER FATHER

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 Not Embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank A. Bourney
Licensed Embalmer No. 1710
P. O. Address St. Joseph 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.