

FILED JUL 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-11-45 6-20-45
about 45 yrs. (Specify whether 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. 1429 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JAMES COLLINS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 9 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband's wife unknown 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased January 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 8 If less than one day br. min.

9. Birthplace Marion County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Hospital attendant

11. Industry or business

12. Name James Collins
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Julia Phillips
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 6-25-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director G. Stalling Bull
(b) Address 1212 Paul K. Mo

19. (a) 6-25-45 (b) Geraldine Nehme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1945 hour 3:15 minute P.M.

21. I hereby certify that I attended the deceased from June 11, 1945 to June 20, 1945; that I last saw him im alive on June 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Hypertensive type nephritis
arteriosclerotic nephritis

Due to

Other conditions (Include pregnancy within 3 months of death) 131 a

Major findings: Of operations 131 a Of autopsy 131 a PHYSICIAN

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? _____ (e) Means of injury _____

23. Signature G. Stalling Bull Address Gen. Hosp. #2, 600 E. 22nd Date signed 6-21-45

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

18
3
8

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

E. Sterling Bell

Licensed Embalmer No.

3178

P. O. Address

1212 one K

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.