

No. 2
2-45
17-39
X47070

FILED DEC 9 1946

State File No.

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4932

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 1 day
(Specify whether
In this community 3 yrs.
years, months or days)

3. (a) PRINT FULL NAME Andrew Collyer

3. (b) If veteran, name war no. 3. (c) Social Security No. 427-12-6110

4. Sex M 5. Color Col. 6. (a) Single, widowed, married, divorced Mar!

6. (b) Name of husband or wife Angie Mae Collyer 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Feb 2 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 21
If less than one day hr. min.

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

10. Usual occupation Coach Deaner

11. Industry or business Frisco Railway

12. Name James Collyer

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

14. Maiden name Laura Melton

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

16. (a) Informant Angie Mae Collyer Wife
(b) Address 713 E. 21st St. K.C. Mo.

17. (a) Burial (b) Date thereof 11-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery
(d) Signature of funeral director Adkins Bros. Funeral Home
(e) Address 2000 E. 12th K.C. Mo.

19. (a) 11-25-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 713 E. 21st St 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11/23 1946 to 11/23 1946
that I last saw him alive on 11/23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial
Duration

Due to Cerebral hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g30

Of autopsy

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) no

(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) Means of injury 6
23. Signature James H. Deary (M. D. or other)
Address 814 Porter Bldg Date signed 11/25/46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. T. Moore

Licensed Embalmer No.....

948

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.