No. 2
—1/47
17.39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1020

FILED FEB 3 1948

Registration District No. 949 — Primary Registration District No. 1002 — Registrar's No. 296

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: 53 - EAST - 53RD STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 60 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 53 - EAST - 53RD STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - - - -

3. (a) PRINT FULL NAME: MR. WILLIAM EUGENE 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: MRS. ANNA CASPER COLLINS
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: JANUARY (Month) 29 (Day) 1864 (Year)

8. AGE: Years 83 | Months 11 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: PAOLA (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: OPERATOR - RETIRED - 10 YEARS
11. Industry or business: OIL BUSINESS - RELIANCE OIL CO.

MOTHER FATHER
12. Name: JOHN M. COLLINS
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name: MARY SIMMERMON
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. ANNA CASPER COLLINS
(b) Address: 53 - EAST - 53RD STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: FOREST HILL CEM.
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 1-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 20TH year 1948 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1944, 19..., to Jan. 20, 1948 that I last saw him alive on Jan. 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	Few hrs.
Arteriosclerotic heart disease	Years
Gall-Arteriosclerosis	2 days
Due to: Toxemia	
Due to: Hypertrophy of Prostate	Several yrs.
Other conditions: B.L. Pneumonia	2 days

(Include pregnancy within 3 months of death)
Major findings:
Of operations: 93d
Of autopsy:

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: D

23. Signature: Harold M. Roberts (M. D. or other) M.D.
Address: 1103 Grand, K.C., Mo. Date signed: 1-21-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1680 Professional Bldg.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.