

Registration District No. OPEN DEC 12/1939Primary Registration District No. 3001Registrar's No. 276

## 1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Kirksville Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 602 E. Missouri St. 7  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Five years. years, months or days)

3. (a) PRINT FULL NAME Martha M. Rollstin 4233. (b) If veteran, name war  3. (c) Social Security No. 

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife O. D. Rollston 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 1 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 10 15 hr. min.9. Birthplace Milford I. M.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER  
 12. Name Phillip Holloway  
 13. Birthplace Milford I. M.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Dawson  
 15. Birthplace Milford I. M.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Rollstin 7 rest(b) Address 602 E. Missouri17. (a) Removal (b) Date thereof 11-16-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place of burial or cremation Wentworth St. Iowa18. (a) Signature of funeral director D. W. R. R. R.(b) Address Hicksville Mo.19. (a) Nov. 16/39 (b) Spencer L. Freeman  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 602 E. Missouri St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ year.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day fifteenth  
year 1939 hour 3:30 minute 35 P. M.21. I hereby certify that I attended the deceased from November 8, 1939, to November 15, 1939;  
that I last saw her alive on November 15, 1939,  
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia complicated by acute cardiac dilatation Duration 8 daysDue to \_\_\_\_\_  
Due to 1276Other conditions Chronic cholecystitis  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
 (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?

3 While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature Wm. C. Miller, M.D. (M. D. or other) D.O.  
Address 612 W. Jefferson, Kirksville, Mo. Date signed 11/16/39

RECEIVED

District Health Officer No. 10

District File Number 12-39-2186

Date Filed DEC 11 1939

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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 Mrs. Laura Riley

Licensed Embalmer No. 3907

P. O. Address Missouri 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, above space should be left blank.