

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22850

State File No. _____

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1123

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Rich Hill
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 1 C 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. # 6064 Westminster
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Myrtleland A. Rollins
8. (b) If veteran, name war none 8. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month June, day 10, year 1940, hour 8, minute 30 A. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth C. Rollins 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb - 7 - 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27, 1940, to June 10, 1940, that I last saw him alive on June 10, 1940, and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 4 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Basilar - Intercerebral Hemorrhage
Due to Hypertension
Arterio Sclerosis

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

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Attorney

11. Industry or business Rollins & Rollins

MOTHER FATHER
12. Name James M. Rollins
18. Birthplace N. Carolina
14. Maiden name Oliver O. Marshall
15. Birthplace Salem, Virginia
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy Basilar Hemorrhage
Arterio Sclerosis

16. (a) Informant Mrs. M. A. Rollins
(b) Address # 6064 Westminster

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) burial (b) Date thereof 6-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Place: burial or cremation Memorial Park Cem.

(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? _____

18. (a) Signature of funeral director D. R. Lupton & Sons
(b) Address # 7233 Delmar Blvd
19. (a) JUN 12 1940 (b) A. R. Meyers
(Date received local registrar) (Registrar's signature)

23. Signature A. Hayden (M. D. or other) _____
Address 5897 Delmar Date signed 6/14/40

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

NOV 11 1942

2-4
7-1

2-4 P.M.

5899 R. Palmer
@H. 7201

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.....

Don Muehlenberg

Registered Apprentice No. 219

working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. 2901

P. O. Address *St. Louis, 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.