

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 153

1. PLACE OF DEATH:
 (a) County BOONE
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: HOME
 (If not in hospital or institution, write street number or location) 20
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community ENTIRE LIFE (Specify whether _____)
 years, months or days

8. (a) PRINT FULL NAME CURTIS BURNHAM ROLLINS
 8. (b) If veteran, name war NO 8. (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 RUTH McCLUNE ROLLINS 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased 7 18 1853
 (Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Columbia Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business _____

MOTHER FATHER
 { 12. Name JAMES SIDNEY ROLLINS
 { 13. Birthplace RICHMOND Ky
 (City, town, or county) (State or foreign country)
 { 14. Maiden name MARY ELIZABETH HICKMAN
 { 15. Birthplace OLD FRANKLIN Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant C. B. ROLLINS JR.
 (b) Address Columbia Mo

17. (a) BURIAL (b) Date thereof 7 25 40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbia CEMETARY

18. (a) Signature of funeral director Arthur Furutune
 (b) Address Columbia Mo

19. (a) 7/25/40 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 24 day July
 year 1940 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 1922 to July 24 1940
 that I last saw him alive on July 23 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
 Due to Generalized arteriosclerosis years
Chronic interstitial nephritis years

Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death) 171

PHYSICIAN
 Major findings: None
 Of operations _____
 Of autopsy Only as above
 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 no
 (c) Where did injury occur? no
 (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) (e) Means of injury
 23. Signature Dudley Robert (M. D. or other)
 Address Columbia Mo Date signed 7/24/40

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

AUG 4 1941

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

M. W. Whitfield

Licensed Embalmer No. *3893*

P. O. Address *Columbia 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.