

NOV 12 1940  
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4027

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: 3016 Gillham Road 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 35 years (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
Kansas City  
(c) City or town (If outside city or town limit write "RURAL")  
(d) Street No. 3016 Gillham Road (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME JAMES MALCOMB ROLLO

8. (b) If veteran, name war No 3. (c) Social Security No. 492-18-447

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Rollo 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 15, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield, Iowa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Pressman 1

11. Industry or business \_\_\_\_\_ 2

MOTHER FATHER { 12. Name Alexander Rollo  
13. Birthplace Vermont (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Ward  
15. Birthplace Ontario, Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Rollo

(b) Address 3016 Gillham Road

17. (a) Burial (b) Date thereof 10/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Wirk and Tobey Co.

(b) Address Kansas City, Mo.

19. (a) 10-20-40 (b) M. M. Browe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18<sup>th</sup>  
year 1940 hour 2 minute 10 a. M.

21. I hereby certify that I attended the deceased from Mar 15  
Mar 15, 1940 to Oct 18, 1940  
that I last saw him alive on Oct 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary  
tuberculosis  
both lungs

Due to as a result of infection

Due to 23

Other conditions Had Hypertension  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: no operation  
Of operations: \_\_\_\_\_  
Of autopsy: no autopsy  
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? \_\_\_\_\_

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

23. Signature Andrew C. Kuo (M. D. or other) \_\_\_\_\_

Address 1108 1/2 11th St Date signed Oct 18 1940

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

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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.....

..... Licensed Embalmer No.....

..... 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, above space should be left blank.**