

3-2
13-40
7-39
X23159

NOV 15 1940

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 263

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson city
(Outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 303 West Mc. Cartney
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether)

In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri - (b) County Cole

(c) City or town Jefferson city
(If outside city or town limits, write "RURAL")

(d) Street No. 303 W. Mc. Cartney
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lee Roy Rollings

3. (b) If veteran, name war _____

3. (c) Social Security No. 263-16-5710

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1940 hour 3:30 minute a M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 27 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/5/39, 19____, to 10-15-40, 19____; that I last saw him alive on 10/14/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Duration 18 mos.

8. AGE: Years 39 Months 11 Days 18 If less than one day hr. _____ min. _____

Due to Tuberculosis in Feb. 1939

Due to _____

9. Birthplace Camden Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Home Ass. Mechanic

11. Industry or business None

MOTHER FATHER

12. Name Wm. R. Rollings

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Miss Long

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Swail P. Rollings

(b) Address Jefferson city Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-18-1940
(Month) (Day) (Year)

(c) Place: burial or cremation Riverview cemetery

(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 Buescher Service

(b) Address Jefferson city Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) 10-10-40 (Date received local registrar)

(b) Lee Roy Rollings (Registrar's signature)

23. Signature Lee Roy Rollings (M. D. or other)

Address Jefferson city Mo. Date signed 10/16/40

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

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.....

D. M. Davis

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

Jefferson city

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.