

Registration District No. 279

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: Wesley Hospital Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether
In this community X
years, months or days)

3. (a) PRINT FULL NAME Emory Willie Rollins

3. (b) If veteran, name war X 3. (c) Social Security No. —

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

6. (b) Name of husband or wife Clyde William Rollins 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 26, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Henrietta Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER { 12. Name J. I. Kendrick
13. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)
14. Maiden name Bell Hammer
15. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Reese
(b) Address Raytown, Missouri.

17. (a) burial (b) Date thereof Mar, 23, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director W. Clark Hiest
(b) Address Raytown, Mo.

19. (a) 3/21/1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Raytown
(If outside city or town limits, write "RURAL")
(d) Street No. X /
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1941 hour 8 PM minute _____ M.

21. I hereby certify that I attended the deceased from Mar 14
1941 to Mar 20 1941;

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Duration 6 days

Due to Cerebral Hemorrhage 6 days

Due to 82a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 430d

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?

While at work? ✓ (Specify type of place) (e) Means of injury 0

23. Signature W. R. Fisher M.D. (M. D. or other) _____
Address 1529 Lister Date signed 3-21-41

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 E. Clark Regent

Licensed Embalmer No. 3983

P. O. Address Raytown 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.