

No. 2
4-12-40
-17-39
X2315

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 700

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2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Greene

(b) City or town. Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(not in hospital or institution, write street number or location)

(d) Length of stay: In hospital, or institution. about 2 weeks
(Specify whether years, months or days)

In this community. about 2 months

3. (a) PRINT FULL NAME. The Rollins

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 7 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>20</u>hr.min.

9. Birthplace. Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation. Farming

11. Industry or business

12. Name. Lashua Rollins

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

14. Maiden name. Mary Doolay

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

16. (a) Informant. Arminde Decker

(b) Address. Bloomington Indiana

17. (a) Burial (b) Date thereof. Aug 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Isleham

18. (a) Signature of funeral director. Ereth J. Cheatham

(b) Address. Galena mo

19. (a) 8-29-41 (b) W.E. Naudley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. Unknown ⁰²²

(c) City or town. Spokane
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1941 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Aug 18th
1941, to Aug 27, 1941;
that I last saw him alive on Aug 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer of the prostate gland

Due to. _____

Due to. 51B

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations. _____

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. N

23. Signature. J. H. ... (M. D. or other) MD
Address. Galena, Mo Date signed. Aug 28 1941

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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 *Emeritt J. Cheatham*

Licensed Embalmer No. *3870*

P. O. Address: *Salena, 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, fact should be so stated above.

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