

FILED MAY 1942

Registration District No. _____

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles A Rollins

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

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

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

7. Birth date of deceased 6/28-1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Greenville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

12. Name C A Rollins
13. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mattha Browne
15. Birthplace Pike Co Ill
(City, town, or county) (State or foreign country)

16. (a) Informant W L Rollins
(b) Address Brookfield Mo
17. (a) Burial (b) Date thereof 4/12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Louisiana Mo

18. (a) Signature of funeral director [Signature]
(b) Address Louisiana Mo
19. (a) 4/10/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 10
year 1942 hour 2 minute 30 p M.

21. I hereby certify that I attended the deceased from Apr 3 1942 to Apr 10 1942
that I last saw him alive on Apr 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Duration 10 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 108
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 _____
23. Signature [Signature] (M. D. or other)
Address Louisiana Mo Date signed 4/10/42

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

82
2
1

MOTHER FATHER

MAY 13 1942
MAY 17 1942

RECEIVED

District Health Officer No. 10

District File Number 5-42-924

Date Filed MAY - 7 1942

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.....

George O. Wagner, Registered Apprentice No.....
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.