

No. 2
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5-7-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29019
Registrar's No. 271

FD SEP 7 1943
Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 120 E Pettis St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH ROLLINS

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

4. Sex F 5. Color or Race 3 Negro 6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife Rollins 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 11 7 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Blockwater mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business self

12. Name Charles Marshall

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

14. Maiden name ella Cooper

15. Birthplace Cooper Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Nannie Hunter

(b) Address 120 E Pettis

17. (a) Burial (b) Date thereof 8-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address 117 E Jefferson

19. (a) 8-27-43 (b) Mrs. Inma Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1943 hour Two minute _____ P.M.
21. I hereby certify that I attended the deceased from Aug 12-43 1943 to Aug 24 1943
that I last saw h.s.c. alive on Aug 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Myocarditis

Due to _____
Uremic Poisoning
Other conditions Fibroid Tumor
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____

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 A. R. Maddox (M. D. or other) M.D.
Address 116 1/2 W. Main Date signed 8-27-43

RECEIVED

District Health Officer No. 8,
District No. _____

Date Filed 9-3-73

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Elizabeth Rollins

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased NOV 7 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days _____ If less than one day, _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 year 1943 minute _____ M. 4

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to Mercur poisoning

Due to Acute retention of urine due to obstruction from pressure of fibroid tumor

Other conditions Fibroid tumor
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

135 f 2

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 A. R. Maddox (M. D. or other) M.D.

Address 116 W. Main Date signed _____

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

SUPPLEMENTARY

29019