

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4436

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1223 Tracy Ave.
(If not in hospital or institution, write street number or location)

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

In this community Eight Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1223 Tracy Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Addie Searls Rollins

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

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

6. (b) Name of husband or wife Andrew Rollins 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 20 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>0</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Woodson Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Charles Neal

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

14. Maiden name Lousia Scott

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Torance

(b) Address 1221 Tracy Ave.

17. (a) Burial (b) Date thereof 10-18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Thos. Appleton Jones

(b) Address 1905 Yvillet

19. (a) 10-19-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1943 hour 4 minute 15 p. m.

21. I hereby certify that I attended the deceased from Oct. 11 1943 to Oct. 14 1943
that I last saw her live on and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____
Due to 108

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 _____

23. Signature L. V. Miller (M. D. or other)
Address 1203 Tracy Date signed 10/18/43

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.