

FILED DEC 3 1943
Registration District No. 17429

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2933 MYRTLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 3 DAYS (Specify whether
year, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2933 Myrtle
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INFANT Rollins
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex M 5. Color or race NEGR.
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 NOV 15 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 4 hr. 20 min.

9. Birthplace KANSAS CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name FANNIS ROLLINS
13. Birthplace WASHON TEXAS
(City, town, or county) (State or foreign country)
14. Maiden name FAY MOONEY
15. Birthplace CALHORN OKLA
(City, town, or county) (State or foreign country)

16. (a) Informant Emis Rollins
(b) Address 2933 Myrtle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery R.C.M.

18. (a) Signature of funeral director Fannie A. Meek
(b) Address 1710 E. 18th R.C.M.

19. (a) 11-20-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 18
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 11-15
_____ 1943 to 11-18 1943
that I last saw him alive on 11-18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration _____

Due to 101

Due to _____
Other conditions none
(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) Means of injury _____

23. Signature J. E. Brown (M.D. or other) _____
Address 2200 8th Date signed 11-20-43

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 Fannie L. Meek
Licensed Embalmer No. 3818
P. O. Address Kansas City, 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.