

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED APR 23 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1654

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 500 E. 8 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Rollins

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 23-1848
(Month) (Day) (Year)

8. AGE: Years 96 Months 5 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Soland (City, town, or county) (State or foreign country) 4

10. Usual occupation Labourer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown (City, town, or county) (State or foreign country) 9

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Mc Cluney

(b) Address 500 E 8 St

17. (a) Burial (burial, cremation, or removal) (b) Date of funeral 4-13-45
(Month) (Day) (Year)
at Calvary - 15616

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Geraldine Holmes (Specify type of place) _____
(b) Address 15616 (c) Means of injury _____

19. (a) 4-12-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 31, 1945 to April 6, 1945
that I last saw him alive on April 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with metastases Duration _____

Due to _____

Due to _____

Other conditions 51 lb
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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? _____

23. Signature Clark W Seely (M. D. or other) _____

Address Med. Dir. Gen'l Hosp Date signed 4-10-45

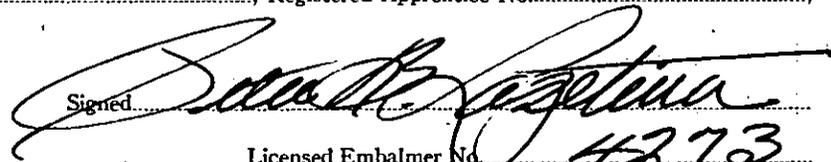
STATEMENT BY LICENSED EMBALMER

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. 4273

P. O. Address KCMO

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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