

FILED AUG 13 1945

Registration District No. 290

Primary Registration District No. 4427

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(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 SAM T ROLLINS

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel Rollins 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Nov 13 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Banker Retired

11. Industry or business _____

12. Name James Rollins

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

14. Maiden name Sarah Houston

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

16. (a) Informant Mabel Rollins

(b) Address Waynesville MO

17. (a) burial (b) Date thereof July 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation caplan

18. (a) Signature of funeral director Frank B. Deppie

(b) Address Waynesville MO

19. (a) Aug 1945 (b) W. M. O'Quinn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski
(c) City or town Waynesville
(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 July day 13
year 1945 hour 1 minute 39 P.M.

21. I hereby certify that I attended the deceased from 9-1-1944 to 7-13-1945
that I last saw him alive on 7-13-1945
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Duration

10 days

Due to acute & chronic myocarditis

5 months

Due to _____

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 C. Miller, M.D. (M. D. or other)

Address Waynesville MO Date signed 8-3-45

1110

(Licensed Embalmer's Statement on Reverse Side)

for Miller

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

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. *3198*

P. O. Address..... *Richland 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.