. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41020

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 156

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: At home. /
(If not in hospital or institution, write street number or location)

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

In this community 10 nYears.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

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

(d) Street No. Sycamore St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ——

3. (a) PRINT FULL NAME Green P. Rollins.

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Male 2

5. Color or race Black

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Millie Rollins

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September (Month) 13" (Day) 1868 (Year)

8. AGE: Years 77 Months 3 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace Cooper County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

FATHER
12. Name Alfred Rollins /
13. Birthplace Virginia /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura ???
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Rollins.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2"/46 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem, Boonville, Mo.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) 12/30/45 (Date received local registrar) (b) Clay Marris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1945 hour 6 minute 45 p M.

21. I hereby certify that I attended the deceased from Dec 27 1945, to Dec 30 1945; that I last saw him alive on Dec. 29 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	
Due to Chronic Prostatic Hypertrophy	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1315

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M L Dickerson (M. D. or other) M D

Address Boonville Mo Date signed 1/2/46

1639 (Licensed Embalmer's Statement on Reverse Side)

1-9-46

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.