

S. No. 2
A-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42631**

FILED JAN 11 1946
336

Registration District No. 336 Primary Registration District No. 4494 Registrar's No. _____

1. PLACE OF DEATH:
(a) County SHANNON
(b) City or town WINONA
(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

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

3. (a) PRINT FULL NAME RANSOM RUSSELL ROLLINS
3. (b) If veteran, name war _____ 3. (c) Social Security No. 500.16.6127
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife MATTIE LEE ROLLINS
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC. 27, 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 17 year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 11 20 hr. _____ min.

Immediate cause of death apoplexy
Due to Cerebral hemorrhage
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Pulaski County MO
(City, town, or county) (State or foreign country)
10. Usual occupation Banker

Major findings: Of operations _____
Of autopsy _____

MOTHER, FATHER {
11. Industry or business _____
12. Name James M. Rollins
13. Birthplace Mate City Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sally Martin
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant George Rollins
(b) Address Winona, MO
17. (a) burial (b) Date thereof 12/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winona, MO
18. (a) Signature of funeral director J. Cairns
(b) Address Willow Springs MO
19. (a) 12-19-46 (b) Malcolm Reem
(Date received local registrar) (Registrar's signature)

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 Frank Doyle (M. D. or other) _____
Address Emmelle MO Date signed 12-17-45

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

0512.01.007

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 J. C. Burns
Licensed Embalmer No. 3379
P. O. Address Willow Springs, 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.