

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16113**
2159

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital | | d. STREET ADDRESS (If rural, give location) 2509 South 21st. | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) _____ c. (Last) Rolls | | | 4. DATE OF DEATH (Month) (Day) (Year) 5/12 1949 | | |
| 5. SEX male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | |
| 8. DATE OF BIRTH June 9, 1890 | | 9. AGE (In years last birthday) 59 58 | | 10. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common labor | | 10b. KIND OF BUSINESS OR INDUSTRY -- | | 11. BIRTHPLACE (State or foreign country) Tennessee | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Abraham Rolls | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE deceased Laura | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Long Kansas City, Kansas | |

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|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. Urteral Calculi DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 602 X | | INTERVAL BETWEEN ONSET AND DEATH | |
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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 5-9, 1949, to 5-12, 1949, that I last saw the deceased alive on 5-22, 1949, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE Royal B. Fleming (Degree or title) | | 23b. ADDRESS 1433 E 19th St. Kansas City, Mo | | 23c. DATE SIGNED 5-17-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 8/16, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn | |
| 24d. LOCATION (City, town, or county) (State) | | Kansas City, Kansas | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 5-17-49 | | REGISTRAR'S SIGNATURE Heraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alce Bailey Funeral Home K.C. Mo | |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. M. Quenton

Licensed Embalmer No. 2007

P. O. Address K. E. Jones

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.