WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

14

LOUD JUL 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21711
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 2 Registration District No. 105

(b) Township Aux Vaise 1 Primary Registration District No. 5155 Registered No. 21

or

(c) City ..... (d) Street No. ..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 459 CLARA ROLLINS

(a) Residence, No. ..... St. ☐ .....

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: E. M. Rollins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 15, 1869

7. AGE: Years 69 | Months 9 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

FATHER

13. NAME: LaFayette Ring 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. R. 1

MOTHER

15. MAIDEN NAME: Henna Ring
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Geo. Fitzgerald, Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Steedman DATE: June 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Glen Y. Maupin, 400 Court St. Fulton

20. FILED 6/5/, 1939 W H Williamson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to June 3, 1939

I last saw her alive on June 3, 1939. Death is said to have occurred on the date stated above, at 9:05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	6-1
59	
Other contributory causes of importance: Diabetes Mellitus	37 ?

Name of operation: none Date of: —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. H. Williamson, M. D.

(Address) Mokane, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John D. Batchelder, Registered Apprentice No. 192 working under my personal supervision.

Signed Glen G. Mangin

Licensed Embalmer No. 272

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.