

JAN 13 1942

Registration District No. 309

Primary Registration District No. 5434

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural Howard
(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 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Stevens Rollins

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 16 years 1856 (Day) (Year)

7. Birth date of deceased Sept. 16 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 20 hr. min.

9. Birthplace Mt. Pleasant Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Walter S. Rollins

(b) Address Potter, Kansas

17. (a) Burial (b) Date thereof 12/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamstown, Kas.

18. (a) Signature of funeral director Clifford Brook

(b) Address Albany, Mo.

19. (a) Dec. 6, 1941 (b) W. T. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Russell
(c) City or town Lucas
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1941 to Death 19...
that I last saw h. im alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration 2

Due to (Anemia Chronic Interstitial Nephritis)

Due to Cerebral Haemorrhage May, 1941

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... 1318

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 W. T. Martin (M. D. or other) D.O.

Address Albany, Mo. Date signed Dec 6, 1941

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

38
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999
14
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2

261

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Brock

Licensed Embalmer No. 3329

P. O. Address Albany NY

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.