

FILED JUN 6 3 1942
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Registration District No. _____ Primary Registration District No. **1002** Registrar's No. **2012**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Keo**
(c) Name of hospital or institution: **1622 Agnes Howe**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 1/2 yrs**
In this community **5 1/2 yrs**
years, months or days

3. (a) PRINT FULL NAME **HARRY ROLLINS JR**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **488-22-2651**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, divorced, **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **FEB 12 1916**
(Month) (Day) (Year)

8. AGE: Years **26** Months **3** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Springfield Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Suburban (social security)**

11. Industry or business **social security (12th + Iraq)**

12. Name **HARRY ROLLINS**

13. Birthplace **SPRINGFIELD, MO**
(City, town, or county) (State or foreign country)

14. Maiden name **EDITH HANCOCK**

15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **HARRY ROLLINS**

(b) Address **1130 SHERMAN, SPRINGFIELD, MO**

17. (a) **REMOVAL** (b) Date thereof **5-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Mo**

18. (a) Signature of funeral director **Springfield, Mo**

(b) Address **R. C. Moore**

19. (a) **5-24-42** (b) **M. M. Crowl**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kousser City Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **1622 AGNES AVE.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **22**
year **42** hour **5:15** minute **A** M.

21. I hereby certify that I attended the deceased from **March 5, 1937**, to **May 22, 1942**,
that I last saw him alive on **May 22, 1942**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure** Duration **3 days**
Due to **Pulmonary Tuberculosis** **5 yrs**
Due to **Pneumonia** **10 mos.**
Other conditions **12 yrs**
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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) **no**
(b) Date of occurrence **now**
(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)
(c) Means of injury _____
23. Signature **M. M. Crowl** (M. D. or other) _____
Address **Kousser City, Mo** Date signed **5/24/42**

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

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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.

Signature

Edw. J. Evans

Licensed Embalmer No.

3836

P. O. Address

1819 1/2 N. 16th St.

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.