

No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40251**
5125
Registrar's No.

FILED DEC 28 1945
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
802 Euclid /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
About 12 years (Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **802 Euclid** **8**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Orvziner Rollins**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **499-18-1027**

4. Sex **Female** **3** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married /**
6. (b) Name of husband or wife **Andrew Rollins** 6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **February 2 - 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.
43 **10** **5** hr. min.

9. Birthplace **Muskogee Okla /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry Worker**

11. Industry or business

12. Name **Jenkins Council /**

13. Birthplace **Okla. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Ferguson**

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

16. (a) Informant **Mrs. Mable Ray /**

(b) Address **802 Euclid, K.C., Mo.**

17. (a) **Burial** (b) Date thereof **12/11/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **G. Stalling Bill**

(b) Address **1212 Vine St., K.C., Mo.**

19. (a) **12-12-45** (b) **Orvziner Rollins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **7**
year **1945** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Broncho-Pneumonia** Duration **3 days**

Due to **Influenza** **7 days**

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

Major findings: **33A** Of operations

Of autopsy **No - Permit** 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) **Deputy Coroner**
(e) Means of injury

23. Signature **Prucellians** (M. D. or other)
Address **2636 Brooklyn** Date signed

12-10-45

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

MOTHER FATHER

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.....

Licensed Embalmer No. *3178*

P. O. Address. *1212 Pine K.C.*

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.