S. No. 2
M—5-43
v. 5-17-39
I X36671

5029

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6040

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 14

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town GRANDVIEW (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town GRANDVIEW 0 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME MALVINA PARK ROLLINS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LEVY WARREN ROLLINS

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JAN (Month) 18 (Day) 1865 (Year)

8. AGE: Years 81 Months 0 Days 29 If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business ✓

FATHER
12. Name JAMES PARK
13. Birthplace (City, town, or county) UNK. (State or foreign country) 9

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) " (State or foreign country) 9

16. (a) Informant LESLIE ROLLINS

(b) Address GRANDVIEW, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 19, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation NOLAND CEM., HICKMAN MILLS

18. (a) Signature of funeral director E. K. George Sons

(b) Address Grandview Mo.

19. (a) 2/19/46 (Date received local registrar) (b) Dr. Annie S. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17th year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-16, 1946, to 2-17, 1946; that I last saw her alive on 2-16, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemmorrhage	1 day
Due to Arteriosclerosis	10 yr.
Due to Senility	
Other conditions (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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. C. Wyckoff (M. D. or other) M.D.

Address Grandview Mo. Date signed 2-18-46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview Mo

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.