

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE OF UTAH  
CERTIFICATE OF DEATHState File No. 2005 ✓  
Registrar's No. 349-H

1. PLACE OF DEATH: (a) County <u>Weber</u> (b) City or town <u>Ogden</u> (If outside city or town limits write RURAL) (c) Name of hospital or institution: <u>Dee Hospital</u> (If not in hospital or institution give street number or location) (d) Length of stay: In hospital or institution <u>2 days</u> In this community <u>2 days</u> (Specify whether years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Utah</u> (b) County <u>Morgan</u> (c) City or town <u>Mountain Green</u> (If outside city or town limits write RURAL) (d) Street No. _____ (If rural give location) (e) If foreign born, how long in U.S.A. _____ years	
3. (a) FULL NAME <u>STUEBEN OSCAR ROLLINS</u> (b) If veteran, <u>no</u> 3 (c) Social Security No. <u>none</u> NAME WAR <u>no</u> 4 Sex <u>male</u> 5. Color or <u>white</u> 6 (a) Single, widowed, mar- race <u>white</u> ried or divorced <u>widowed</u> (b) Name of husband or wife <u>Susan Johanna Whitaker</u> (c) Age of husband or wife if alive _____ yrs. (d) Birth date of deceased <u>December 10 1855</u> (Month) (Day) (Year) AGE Years Months Days If less than one day <u>90</u> <u>5</u> <u>29</u> _____ hr. _____ min. Birthplace <u>Centerville, Utah</u> (City, town, or county) (State or foreign country) Usual occupation <u>Rancher</u> Industry or business _____ 1. Name <u>Stueben Rollins</u> 2. Birthplace <u>Stueben Co., New York</u> (City, town or county) (State or foreign country) 3. Maiden name <u>Amanda Card France</u> 4. Birthplace <u>Allegheny Co., New York</u> (City, town or county) (State or foreign country) 5. Informant's own signature <u>John Lindquist</u> 6. Address <u>Ogden City, Utah</u> 7. Removal <u>6/13/46</u> (b) Date thereof (Month) (Day) (Year) (burial, cremation, or removal) 8. Place, burial or cremation <u>Mountain Green Utah</u> 9. Mortuary <u>Lindquist and Sons</u> 10. Signature of funeral director <u>John Lindquist</u> 11. Address <u>Ogden</u> (d) License No. <u>153</u> (e) Was body embalmed? <u>yes</u> (f) Embalmer's License No. <u>283</u> 12. (a) <u>June 12, 1946</u> (b) <u>Wendell Noall</u> (Date received local registrar) (Registrar's signature)		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>June 9 1946</u> (Month, day, and year) 19 <u>46</u> 21. I HEREBY CERTIFY, That I attended deceased from <u>6-8-46</u> to <u>6-9-46</u> I last saw him <u>1m</u> alive on <u>6-9-46</u> death occurred on the date stated above, at <u>5:45</u> p. m. Immediate cause of death <u>Cerebral Hemorrhage</u> Duration <u>2 days</u> Due to <u>Essential</u> Due to _____ Other conditions <u>Generalized arteriosclerosis</u> (Include pregnancy within 3 months of death) Major findings: <u>years</u> Of operations _____ Physician _____ Of autopsy _____ 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? _____ (e) While at Work? _____ (Specify type of place) (f) Means of injury _____ 23. Signature <u>Wendell Noall</u> M.D. or other) _____ <u>June 10, 1946</u> Address <u>Ogden, Utah</u>	