

NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35798

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018
(c) City Clinton (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 916 N. Main St. Clinton
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Carroll
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9-1861
7. AGE YEARS 77 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Sherman (STATE OR COUNTRY) Texas

13. NAME Peter Cox
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Caroline Harris
16. BIRTHPLACE (CITY OR TOWN) Osceola (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Estella Parks
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola Mo DATE 10-15 1938

19. FUNERAL DIRECTOR (NAME) Fred G. Wilkinson (ADDRESS) Clinton Mo

20. FILED 11-7 1938 D. J. R. Humphrey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1938, to Oct 12 1938

I last saw her alive on Oct 12 1938 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

Accidental Burns on Abdomen & upper thighs Date of onset Oct 1

Other contributory causes of importance: 181

Name of operation None Date of _____
What test confirmed diagnosis? Cholecyst Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury Oct 1, 1938

Where did injury occur? O. Osceola, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In the home

Manner of injury Death caused by a pipe

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) S. W. Wolz, M. D.

(Address) Clinton

MINIMUM TO OBTAIN LICENSE
IN OBTAINING LICENSE
IN OBTAINING LICENSE

RECEIVED

District Health Officer No. 7.

District File Number 2-38-360

Date Filed 11-9-38

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.

P.O. Address

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, above space should be left blank.