

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

13676
Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Lewis Primary Registration District No. 1002 Registered No. 1430

(c) City Lancaster City (d) Street No. Denaral Hospital 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. (0) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 646 Mrs. Helen Allen Davis Carroll

(a) Residence, No. 3315 Mersington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WALTER ROLAND CARROLL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-10-1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>32</u>	<u>9</u>	<u>23</u>	

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME ALLEN J. DAVIS

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) NORTH CAROLINA

MOTHER 15. MAIDEN NAME LUELLA BISHOP

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) IOWA

17. INFORMANT MR. WALTER ROLAND CARROLL
(ADDRESS) 2315 MERSINGTON AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE FLORAL HILLS DATE April 5 1939

19. FUNERAL DIRECTOR (NAME) Dr. Kuehmer
(ADDRESS) Brushcreek & Paseo

20. FILED 4-4, 1939 M. M. Crowe, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) IV-3-1939

22. I HEREBY CERTIFY, That I attended deceased from Dr. Carson, 1939

I last saw h. alive on, 1939 Death is said to have occurred on the date stated above, at 6:30 AM.

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

Myocardial Infarction

Septicemia

Other contributory causes of importance: 14/50

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____, 1939
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Y
If so, specify _____
(Signed) Robert K. Kutschner, M. D.
(Address) Dependy Carver

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 28 1949

MAR 28 1950

MAR 28 1951

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. 3976

P. O. Address 1401 Bushnell

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.