

1939 MAY 22 1939

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

Do not use this space.
15580

1. PLACE OF DEATH

(a) County Monroe Registration District No. 1
(b) Township Union Primary Registration District No. 530 Registered No. 5997
(c) City Union (d) Street No. 5997 St. Mo.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 640 Mrs. Linnie Augusta Carrole St. Mo.
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin F. Carrole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/13/1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Michigan

FATHER 13. NAME George Rosendale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Rose F. Carrole
Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland, Mo. DATE 4/28

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Thompson
Madison, Mo.

20. FILED 427 1939 Madison, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1939

22. I HEREBY CERTIFY, that I attended deceased from Apr. 21, 1939 to Apr. 27, 1939.

I last saw her alive on Apr 26, 1939. Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Bronchial pneumonia Date of onset 4/21

Other contributory causes of importance: Senility

Name of operation none Date of none
What test confirmed diagnosis? Phys. Exam in autopsy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none, 1939

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: none

(Signed) [Signature], M. D.

(Address) Madison, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-822

Date Filed MAY 12 1939

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.