

FILED FEB 12 1940

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

1696
Do not use this space.

1. PLACE OF DEATH 3

(a) County Duchesne Registration District No. 85

(b) Township St. Joseph Mo Primary Registration District No. 2001 Registered No. 2 28

(c) City St. Joseph Mo (d) Street No. State Hospital # 2 St.

(e) Length of residence in city or town where death occurred 2 yrs. 8 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Corra Carroll

(a) Residence, No. Braymer Mo St. Braymer, Mo.

(Usual place of abode, if no street address, write county or city) (If nonresidence, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

About 67 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

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) unk Missouri

FATHER 13. NAME Frank Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Missouri

MOTHER 15. MAIDEN NAME ? Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Iowa

17. INFORMANT State Hosp Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Braymer, Mo. DATE Jan 10, 1940

19. FUNERAL DIRECTOR (NAME) Tracy Barry Funeral (ADDRESS) 218 South 10th St Home

20. FILED Jan 9, 1940 J. G. Neel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-40, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-19-1937 to 1-8-1940

I last saw her alive on 1-8-1940 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Arteriosclerotic Heart Disease Date of onset

Multiple Sclerosis

95 1/2

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis Ch. ric. can Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury.....

Nature of injury.....

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

If so, specify S. Heiman R. D. 116 Miles M. D.

(Signed) S. Heiman (Address) State Hospital

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.

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.....

John E. Rupp

Licensed Embalmer No.....

3986

P. O. Address.....

St Joseph

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.