

V. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
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10287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 368

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Buchanan

(a) County Buchanan  
 (b) City or town St Joseph  
 (c) Name of hospital or institution: 2526 FARAON  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 YEARS (Specify whether years, months or days)  
 In this community 45 YEARS

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Buchanan  
 (c) City or town St Joseph  
 (d) Street No. 2526 FARAON  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARY CARROLL  
 (b) If veteran, name war No (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race Wht. 6. (a) Single, widowed, married, divorced, Widowed  
 (b) Name of husband or wife HENRY W. CARROLL 6. (c) Age of husband or wife if alive, 94 years  
 7. Birth date of deceased Nov. 9th 1862  
 (Month) (Day) (Year)

8. AGE:		If less than one day	
Years	Months	Days	hr. min.
<u>77</u>	<u>4</u>	<u>22</u>	

9. Birthplace Chicago, Ill.  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name: Patrick McCarthy's  
 13. Birthplace: UNKNOWN IRELAND  
 14. Maiden name: MARY BURNS  
 15. Birthplace: UNKNOWN IRELAND

16. (a) Informant Lillian Carroll  
 (b) Address 2526 FARAON St. Joseph

17. (a) Removal (b) Date thereof APRIL 2nd 1940  
 (c) Place: burial or cremation Chicago Ill.

18. (a) Signature of funeral director FLEEMAN & SON, INC.  
 (b) Address St. Joseph Mo

19. (a) April 3-1940 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH Month MAR. day 31st.  
 year 1940 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from NOV 29 1940 to MAY 31 1940  
 that I last saw her alive on MAY 31 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneum. Duration 5 days.

Due to ad. v.

Other condition Metral Stenosis?  
 (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy No

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Lemp & Son, Inc. Date signed 4/1/40

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**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

*C. G. Swan*

Licensed Embalmer No.

*4082*

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.**