

Registration District No. 318

Primary Registration District No. 2001

I. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1807 N. Benton ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 6 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1807 N. Benton ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Malissa Katherine Carroll

8. (b) If veteran, name war NO 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Woodruff Carroll 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased July - 27 - 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 21 If less than one day hr. _____ min.

9. Birthplace Newport Tenn. 1
(City, town, or county) (State or foreign county)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name James Atchley

13. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Anna Gray

15. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie McLevakey

(b) Address 1807 N. Benton Springfield Mo

17. (a) Burial (b) Date thereof Aug. 20 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Eugene Brown

(b) Address Walnut Grove Mo

19. (a) Aug 19, 1940 (b) W. E. Handley
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 1 1940
to Aug 18 1940
that I last saw her alive on Aug 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Thrombosis Duration 3 days

Due to 99W

Due to _____

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
984 While at work? _____ (Specify type of place)
(e) Means of injury _____

Signature Max J. Hutch (M. D. or other) MD
Address Springfield Mo Date signed 8/20/40

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

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. 5712
working under my personal supervision.

Signed Gene A. Brown

Licensed Embalmer No. 7664

P. O. Address Walnut Grove Md.

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.

X