

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 59

1. PLACE OF DEATH

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location) 0  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1941  
to May 20 1941  
that I last saw her alive on May 2 1941  
and that death occurred on the date and hour stated above.  
Duration  
Immediate cause of death Toxic Sclerosis 3 yrs

3. (a) PRINT FULL NAME OPHIA LATHROP

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elmer R. Lathrop 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased Sept 22 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business  
12. Name John Henkle  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Simmons  
15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer R. Lathrop  
(b) Address Carrollton Mo  
17. (a) Removal (b) Date thereof 5-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atton Iowa  
18. (a) Signature of funeral director Standley  
(b) Address Carrollton Mo  
19. (a) 5-3-41 (b) Ruth Necker  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 62 1/2  
Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?  
130  
While at work (Specify type of place) (e) Means of injury.....  
23. Signature W. Hamilton M.D. or other.....  
Address Carrollton Mo Date signed May 20 1941

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

MOTHER, FATHER

*Handwritten scribble*

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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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Va*

**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, fact should be so stated above.**