DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24556

Registration District No. 65 | Primary Registration District No. 1001 | Registrar's No. 749

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days) In this community 63 years 0

2. USUAL RESIDENCE OF DECEASED: 044

(a) State: Missouri (b) County: Holt

(c) City or town: Oregon, Missouri (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Blanche Armina Carroll

3. (b) If veteran, name war: —

3. (c) Social Security No. NONE

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: W. F. Carroll

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: July (Month) 17, (Day) 1878 (Year)

8. AGE: Years 63 | Months 0 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Holt County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Work

11. Industry or business:

FATHER 12. Name: William Riggle

FATHER 13. Birthplace: Washington (City, town, or county) Pennsylvania (State or foreign country)

MOTHER 14. Maiden name: Phoebe McMillen

MOTHER 15. Birthplace: ? (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature: W F Carroll

(b) Address: Oregon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 25, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Oregon, Missouri

18. (a) Signature of funeral director: M. Crawford

(b) Address: Mound City Mo.

19. (a) July 24 1941 (Date received local registrar) (b) H. J. Kettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 9:00 minute 00 A. M.

21. I hereby certify that I attended the deceased from 7-13-41, 19__, to 7-23-41, 19__; that I last saw h. alive on 7-23-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of femur - right	10 days
Due to: Pneumonia hypostatic	5 days
Due to: Arteriosclerosis general	3 yrs
Other conditions (Include pregnancy within 3 months of death): Hemiplegia	

Major findings: Of operation: —

Of autopsy: Hypostatic pneumonia, Cardiac hypertrophy

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): accident 044

(b) Date of occurrence: 7-13-41

(c) Where did injury occur? Oregon (City or town) Holt (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? No (e) Means of injury: Fell down

23. Signature: L E Senor M.D. (M. D. or other) MD

Address: St Joseph, Mo. Date signed 7-24-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

REV. 5-17-39 1 X19511

JUN 1 1947

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 H H Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City, Mo

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.