

FILED AUG 8 1941

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 81

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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
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)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Matilda Eisenhou

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1941 hour 10 minute 30 P.M.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Richard A Eisenhou 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 11 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-6, 1941, to 7-17, 1941;
that I last saw her alive on 7-14, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Bacterial Dysentery

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Gas Linville

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Calvert

15. Birthplace Maryland
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant David Eisenhou

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek Cem.

18. (a) Signature of funeral director Standley

(b) Address Carrollton Mo

19. (a) 7-19-41 (b) Wuth Huskins
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature William G. Atwood (M. D. or other) _____

Address Carrollton Mo Date signed 7/18/41

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-6-41

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, 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.