

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **224**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
News Office 111 S. Liberty St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **73 Years** **2**
(Specify whether years, months or days)
 In this community **73 Years**
years, months or days

3. (a) PRINT FULL NAME **Charles Alanson Carroll**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Daisy Maderia Carroll** 6. (c) Age of husband or wife if alive **73** years
 7. Birth date of deceased **4 25 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **0** If less than one day
hr. min.

9. Birthplace **Charleston Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Printer**
 11. Industry or business **The Dailey News Pub. Co.**

MOTHER FATHER { 12. Name **Alanson Carroll**
 13. Birthplace **Granville Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Tucker Murch**
 15. Birthplace **Granville Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **[Signature]**
 (b) Address **1607 N. Liberty**

17. (a) **Burial** (b) Date thereof **8-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Olathe, Kansas**
 18. (a) Signature of funeral director **[Signature]**
 (b) Address **815 W. Maple Ave. 360**

19. (a) **Aug 26-41** (b) **F. P. Cook M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **1041**
 (c) City or town **Independence**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1500 N. Liberty**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **D**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **25**
 year **1941** hour **about 6** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **May**
1939 to **Aug 25 1941**;
 that I last saw him alive on **Aug 24 1941**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **Sudden**
 Due to **arteriosclerosis** **10 yrs**

Due to _____
 Other conditions **gpa**
(Include pregnancy within 3 months of death)

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? **✓**

While at work? **✓** (Specify type of place) (e) Means of injury **✓**

23. Signature **[Signature]** (M. D. or other) **224**
 Address **Independence Mo.** Date signed **Aug 26-41**

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

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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 Wilton L. Reedy
Licensed Embalmer No. 4225-
P. O. Address Indep. 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, fact should be so stated above.