

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34865

Registration District No. 991

Primary Registration District No. 5419

Registrar's No. 1

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RURAL THIRD CREEK
(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
In this community 78 YEARS 5 MONTHS 24 DAYS (Specify whether years, months or days)

8. (a) PRINT FULL NAME LOUISE CARROLL

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased MAY 8 1863 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 24 hr. min.

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

10. Usual occupation HOUSE WORK

11. Industry or business

12. Name JOHN ELLIS
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name JANE STRADFORD
15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant Henry Carroll
(b) Address Blair 716. R # 2

17. (a) Burial (b) Date thereof Nov. 4 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cemetery, Blair, Mo. R # 2

18. (a) Signature of funeral director W. F. Gottenhoffer

(b) Address Owensville Mo

19. (a) Nov. 4 1941 (b) Allice Koch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural (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.? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1941 hour 10 minute 5 A.M.

21. I hereby certify that I attended the deceased from July 26 1940 to Nov. 2 1941; that I last saw her alive on Oct. 31 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure with acute ventricular dilatation Duration Terminal

Due to Chronic Myocarditis 1 1/2 yrs.

Due to Arteriosclerosis 5 yrs.

Other conditions Hemorrhoids, Sutured 10 yrs. (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: None
Of operations None
Of autopsy None 938
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 _____

Where did injury occur? _____ (City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Paul A. Brown (M. D. or other) Ch
Address Owensville, Mo. Date signed 11-4-41

(Licensed Embalmer's Statement on Reverse Side)

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 not Embalmed

....., Registered Apprentice No.
working under my personal supervision.

Signed W. F. Gettinsroeter

Licensed Embalmer No. 1444

P. O. Address Queensville Me.

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.