

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40942

State File No. _____
Registrar's No. 462620

LEO JAN 24 1942

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: On train at Union Station K.C.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Non-Resident 3 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mary Edna Carroll

3. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ben T. Carroll 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased NOV 28 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business House wife

12. Name Lucious G. Gross

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

14. Maiden name Minnie S. Owen

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

16. (a) Informant Ben T. Carroll Jr.

(b) Address Parco WyO

17. (a) Removal (b) Date thereof 12-15-1941
(Rural, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rawlins Wyoming

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City Missouri

19. (a) Dec 13 1941 (b) M.M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wyoming (b) County Carbon 999
(c) City or town Sartoga 48
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-12-41 Day 12 Year 1941 hour 9:45 minute P.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pulmonary Edema
Due to Hypertensive Myocarditis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 3

23. Signature [Signature] (M. D. or other) _____ Address [Signature] Date signed _____

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

48
38

MOTHER FATHER

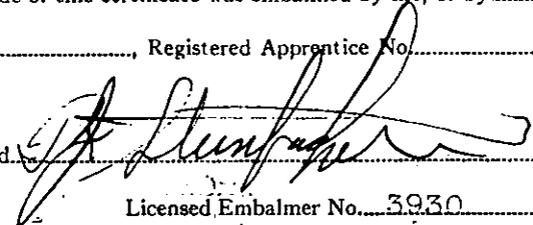
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

2001

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 me

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

Signed 

Licensed Embalmer No. 3930

P. O. Address Kansas 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.