

JAN 8 1942

State File No.

Registration District No. 403

Primary Registration District No. 5557

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Brookings Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
71st & Sycamore-R.R. # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: -----
(Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 71st & Sycamore-R.R. # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME Florence L. Aulgur Carroll

3. (b) If veteran, name war No 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 Mr. Roland Hill Carroll 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased March 4 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 29 hr. min.

9. Birthplace Marshall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER, FATHER { 12. Name Sail Aulgur
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. C. Carroll
(b) Address 71st & Sycamore R.R. # 2

17. (a) Burial (b) Date thereof Jan. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director D. H. Newsomer's Sons
(b) Address 1401 Brush Creek Blvd. K.C. Mo.

19. (a) 1-4-42 (b) D. McEubank
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
year 1942 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 20, 1941, to Jan 2, 1942
that I last saw him alive on Dec 20, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Nephritis

Due to -----

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131b
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) -----
Means of injury -----

23. Signature D. McEubank MD (M.D. or other)
Address Raytown, Mo. Date signed 1-4-42

Duration

3 wks.

eggs?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4800

2/5
Raytown, Missouri

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 *W. P. Simpson*
Licensed Embalmer No. 3965
P. O. Address Raytown, 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.