

Primary Registration District No. 4343

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

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe City
(c) Name of hospital or institution: 508 Winter St
(d) Length of stay: In hospital or institution 5 Yrs
In this community 5 Yrs

3. (a) PRINT FULL NAME Carrie Florence
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Walker
(c) Age of husband or wife if alive 15 years
7. Birth date of deceased August 15 1863

8. AGE: Years 78 Months 5 Days 16
If less than one day hr. min.

9. Birthplace New Orleans / Louisiana

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name D.K.
13. Birthplace 9 D.K.
14. Maiden name Carblyn Washington
15. Birthplace New Orleans / Louisiana

16. (a) Informant Mrs Mary Boyd

(b) Address Shelby Mo

17. (a) Burial (b) Date thereof 2/2/42

(c) Place: burial or cremation Mizion Cemetary; Shelby Mo

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City; Mo

19. (a) Harold F. Ellis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(d) Street No. 508 Winter St
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 31
year 1942 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 5, 1942 to Jan 31, 1942
that I last saw her alive on January 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Apoplexy
Due to Progressive cardio-vascular renal disease
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1310
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury 2
23. Signature Harold F. Ellis (M. D. or other) DO
Address Monroe City Date signed 2/1/42

RECEIVED

District Health Officer No. 10

District File Number 2-42-242

Date Filed FEB 12 1942

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 By me

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

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Alton, 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.