

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1942

Registration District No. 830

Primary Registration District No. 45086075

Registrar's No. 9

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Lentner Mo
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)
In this community 73 Years
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Lentner 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Hanford Spencer Carroll

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1942 hour _____ minute 8 am

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 24th 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9, 1942 to Jan 25, 1942
that I last saw him alive on Jan 24, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 10 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis 25 days
Duration _____

9. Birthplace Shelby Co 0 Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired

11. Industry or business Postmaster

Major findings: 94a
Of operations _____

MOTHER FATHER { 12. Name Benj. W. Carroll

{ 13. Birthplace Indianapolis / Ind.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Harriet McBroom

{ 15. Birthplace / Virginia
(City, town, or county) (State or foreign country)

Of autopsy _____

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

16. (a) Informant William Carroll

(b) Address Lentner Mo.

17. (a) Burial (b) Date thereof 1/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bacons Chapel

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? _____

18. (a) Signature of funeral director Mellon-Barbale

(b) Address Shelbina Mo.

19. (a) Feb 9 42 (b) Mudgeford
(Date received local registrar) (Registrar's signature)

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

23. Signature D. L. Harlan (M. D. or other) DMO
Clarice M. Date signed Jan 31 1942

MAR 2 1942

MAR 2 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-226

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Henry G. Berkeley

Licensed Embalmer No. 3835

P. O. Address Shelbina 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.