S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17633

FILED JUN 19 1942

Registration District No. 25

Primary Registration District No. ~~304~~ 5178

Registrar's No. 138

16
0
0

1. PLACE OF DEATH:

(a) County: Cape Girardeau
(b) City or town: Rural Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau 16 9
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 540 rear S. Frederick (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ——

3. (a) PRINT FULL NAME: Frank Carroll

3. (b) If veteran, name war: ——

3. (c) Social Security No.: ——

4. Sex: Male 2

5. Color or race: Negro

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: August (Month) 1 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	1	hr. min.

9. Birthplace: Cape Girardeau, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Peddler of candy, pies, etc.

11. Industry or business: ——

FATHER
12. Name: Abe Carroll
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Mary (Unknown)
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Bettie Brown
(b) Address: Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 5, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery

18. (a) Signature of funeral director: F. D. Spake
(b) Address: Cape Girardeau

19. (a) 5/4-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to May 2 1942 that I last saw him alive on May 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	5 mo
Due to: Chronic Nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — 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:
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: E. R. Schoen (M. D. ~~or other~~) M. D.
Address: Jackson, Mo. Date signed May 4 1942

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642-75
Date Filed 6-15-42

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.