

FILED MAY 4 1943 41

Registration District No. ....

Primary Registration District No. 3025

Registrar's No. 30

1. PLACE OF DEATH:

(a) County: HOWELL  
(b) City or town: WEST PLAINS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
221 E. CLEVELAND AVE.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. No.  
(Specify whether  
In this community. 45 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HOWELL  
(c) City or town: WEST PLAINS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 E. CLEVELAND AVE.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country. 1

3. (a) PRINT FULL NAME: GEORGE C. CARROLL

3. (b) If veteran, name war. No. 3. (c) Social Security No. 500-01-6998

4. Sex: MALE 5. Color or race: WHITE  
6. (a) Single, widowed, married, divorced: MARRIED  
6. (b) Name of husband or wife: RUTH HAMMOCK CARROLL  
6. (c) Age of husband or wife if alive: 47 years  
7. Birth date of deceased: SEPTEMBER 28, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 5 25 hr. min.

9. Birthplace: GASCONADE CO., MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation: EMPLOYEE OF LUMBER YARD.

11. Industry or business: WEST PLAINS LUMBER CO.

MOTHER FATHER

12. Name: JAMES CARROLL  
13. Birthplace: UNK.  
14. Maiden name: RUTH MANER  
15. Birthplace: UNK.

16. (a) Informant: MRS RUTH CARROLL

(b) Address: WEST PLAINS, MO.

17. (a) BURIAL (b) Date thereof: MAR 25, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: WEST PLAINS, MO.

18. (a) Signature of funeral director: W. J. Thompson  
(b) Address: West Plains, Mo.

19. (a) 4-3-43 (b) W. J. Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23  
year 1943 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 15th, 1943, to 3/23/43, 1943;  
that I last saw him alive on March 19th, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, Pul. Chr. Duration 5yrs

Due to: Tubercular Infection

Due to: 13 fl  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations: none  
Of autopsy: None  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (d) Means of injury: 1

23. Signature: W. J. Thompson (M. D. or other) \_\_\_\_\_  
Address: West Plains, Mo. Date signed: 4/1/43

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

RECEIVED

District Health Officer No.                     

District File Number 543270

Date Filed 3-9-43

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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 Hal Koubourgh  
Licensed Embalmer No. 3408  
P. O. Address West Plains, 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.