

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1943

Registration District No. _____

Primary Registration District No. 5142

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural, near Neelyville
(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 7 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Vichy
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Jane Carroll

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Roger 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased December 14, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Moreland
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Erhart
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Sims
(b) Address Neelyville, Missouri
17. (a) Burial (b) Date thereof May 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vichy, Missouri

18. (a) Signature of funeral director Greer Croy Funeral Serv.
(b) Address Poplar Bluff, Missouri
19. (a) 5-28-43 (b) Belle Anne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1943 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from May 16, 1943 to May 23, 1943
that I last saw him alive on May 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis with hypertensive and myocardial changes
Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

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? _____ (Specify type of place)
23. Signature St. Paul (M. D. or other) same
Address Raylor Date signed May 43

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

RECEIVED

District Health Office No. 2,

District File Number 643-783

Date Filed 6-7-43

STATEMENT BY LICENSED EMBALMER

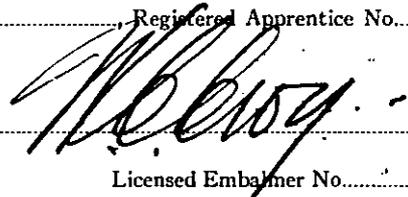
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L. V. Adams on

Registered Apprentice No. 349

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Missouri

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.