

U. S. No. 2
FORM-5-42
Rev. 5-17-39
X327

17552
T. New

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1943

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(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 Carrollton _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

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

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

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

3. (a) PRINT FULL NAME Julia Fields

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1943 hour 4 minute 5 P.

4. Sex Female 5. Color or Race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Fields 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 25 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7 to April 9 1943
that I last saw her alive on 73 April 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

8. AGE: Years Months Days If less than one day

76 3 15 hr. min.

Due to Apoplexy
Cerebral Embolage
Due to Hypertension

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

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Carley

13. Birthplace unbroun 9
(City, town, or county) (State or foreign country)

14. Maiden name Melle Sumner

15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: 83a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sam Fields

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 4 12 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation A Oak Hill cem

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 4-12-1943 (b) Mrs James Kelly
(Date received local registrar) (Registrar's signature)

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) (e) Manner of injury _____

23. Signature P. Hamilton M.D. or other _____

Address Carrollton, Mo Date signed April 7 1943

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

17

5-15-43

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.....

working under my personal supervision.

Registered Apprentice No.

Signed. *Ben W. Gibson*

~~Ben W. Gibson~~

Licensed Embalmer No. *2961*

P. O. Address. *Cavalliter, 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.