carroll

JUL 13 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20282

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson, Registration District No. 149
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2937
or
(c) City Kansas City (d) Street No. 248 West 62nd Street, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Since 1900 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary B. Carroll,
(a) Residence, No. 1 248 West 62nd Street, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: 1 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 2 Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Maxwell Carroll,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 17, 1858
7. AGE: YEARS 84 MONTHS 9 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home,
9. Industry or business in which work was done, as saw mill, bank, etc. x
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1

FATHER
13. NAME: Charles E. Childress
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1 Unknown,

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): x Virginia 1

17. INFORMANT (ADDRESS): Miss Brooks Carroll, 248 West 62nd St., Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE Paola, Kansas DATE 7-2-43 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure, 3235 Gillham Plaza, K. C., Mo.
20. FILED 7-2, 1943 T. E. Brown Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1943
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1942, to June 30, 1943.
I last saw her alive on June 30, 1943 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Myocarditis	June 7, 1943
9300	

Other contributory causes of importance:

Hypostatic bronchopneumonia	June 28, 1943

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature] M. D.
(Address) 612 Professional Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

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 J. Clair Shuppard

Licensed Embalmer No. 4179

P. O. Address L. C. Md.

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, above space should be left blank.