

25757

S. No. 2
M-9-4-41
5-17-35
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

ED AUG 9 1943

Registration District No. 276

Primary Registration District No. 5946

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St. James Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 moramae Inf
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps

(c) City or town St James Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Moramas Inf
(If rural, give location)

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

3. (a) PRINT FULL NAME John B Carroll

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Martha Carroll 6. (c) Age of husband or wife if alive decd years

7. Birth date of deceased 10-11 (Month) 1889 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>2</u>	hr. _____ min.

9. Birthplace Maries co mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Dont Know

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

14. Maiden name Dont Know

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Earnest Carroll

(b) Address St James mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Maries co

18. (a) Signature of funeral director W B Hollender

(b) Address _____

19. (a) 8-3-1943 (Date received local registrar) (b) Charles Dittman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 13th year 1943 hour 6 minute 02 P. M.

21. I hereby certify that I attended the deceased from July 7th 1943 to July 13th 1943.
that I last saw him alive on July 13 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning

Due to Chronic Uremia

Due to Arteriosclerotic nephritis

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

Major findings:
Of operations _____

Of autopsy _____

131a

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 7

23. Signature Alden C. Vanum

Address St James, mo Date signed 7-15-43

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

Jan. 27

Wm. O. S. Underg

to be
sent
to
Barnes
7
address

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

W. E. Richler

Licensed Embalmer No. *1970*

P. O. Address

St James 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.