

No. 2  
M-2-43  
5-17-43  
1 x 355

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31194

State File No. \_\_\_\_\_

FILED OCT 13 1943 42  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 1058

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: Mercy Hospital  
(d) Length of stay: In hospital or institution 8 days  
In this community 38 years 3 months 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 211 South 17th Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Opal June Carr

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife: Elbert E. Carr

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June 19 1905

8. AGE: Years 38 Months 3 Days 5

9. Birthplace: St. Joseph Missouri

10. Usual occupation: Home

11. Industry or business

George W. Groneweg

12. Name: George W. Groneweg

13. Birthplace: St. Joseph Missouri

14. Maiden name: Clara L. Hoecker

15. Birthplace: Grand Tower Illinois

16. (a) Informant: Clara L. Groneweg

(b) Address: 211 So. 17th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof: 9/28/1943

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Walter Meierhoff

(b) Address: 1302 Faraon St. St. Joseph, Mo.

19. (a) 9/28/43 (b) Rose Herzog

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 24th 1943 hour 1:35 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 20, 1943, to Sept. 24, 1943 that I last saw her alive on Sept. 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Dangerous bowels with obstruction

Due to: Adhesions

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

Major findings: Dangerous bowels with obstruction

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?  
(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

23. Signature: [Signature] (M.D. or other) D.O.  
Address: 211 Faraon St. St. Joseph, Mo. Date signed: 9-22-43

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

MOTHER FATHER

1223

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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 *Albert E. Harrington*  
Licensed Embalmer No. *3258* *Missouri*  
P. O. Address *St. Joseph, 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.