

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31380

P1 X32873

Registration District No. 1943-51

Primary Registration District No. 3011

Registrar's No. 100

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

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: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 yrs. (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 0

3. (a) PRINT FULL NAME NINA CASH

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20 '43
year 1943 hour minute 4 P.M.

21. I hereby certify that I attended the deceased from March 17th, 1943, to 9-9, 1943
that I last saw h. or alive on 9-2, 1943
and that death occurred on the date and hour stated above.

4. Sex Fe. 5. Color or race W 6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife Horace Cash 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased. Aug 30 1881
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage with paralysis of right side

Due to side

Duration about 6 mos

8. AGE: Years 62 Months 0 Days 11 If less than one day hr. min.

Due to

Other conditions (include pregnancy within 3 months of death) 82a1

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

10. Usual occupation At Home

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Chas. Smith

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

14. Maiden name Unknown

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

16. (a) Informant Horace Cash

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 9-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kentwood, Mo.

18. (a) Signature of funeral director W. H. Standley

(b) Address Carrollton, Mo.

19. (a) 9-13-43 (b) Mrs. James Rafferty
(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) Means of injury

23. Signature W. H. Atwood (M. D. or other) G.
Address Carrollton, Mo. Date signed 9-13-43

1053

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Ben W. Gibson
Licensed Embalmer No. 2961
P. O. Address..... Carrollton, 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.