

FILED DEC 3 1943
Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menora Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 44 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 621 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Selig Carroll
(b) If veteran, name war no
(c) Social Security No. 495-05-3467

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11/17/43 day 2 ²⁵ PM
21. I hereby certify that I attended the deceased from 11/12/43
_____ 19____ to 11/17/43 19____
that I last saw him alive on 11/17/43 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race W
6. (a) Single, widowed, married, divorced 1
(b) Name of husband or wife Mollie (c) Age of husband or wife if alive 42 years
7. Birth date of deceased: May 11, 1897.
(Month) (Day) (Year)

Immediate cause of death hemiplegia
Due to Hypertensive Cardio-vascular-renal disease.
Other conditions: 13/4
(Include pregnancy within 3 months of death)

8. AGE: Years 46 Months 6 Days 6
If less than one day hr. _____ min. _____

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Omaha, Neb. Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Broker

12. Name Israel Carroll
13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Relda
15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Carroll
(b) Address 17. C., Mo.

17. (a) Burial (b) Date thereof 11-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Speersfield Cem.

18. (a) Signature of funeral director: J. V. Key is + unrecd No use
(b) Address 17. C., Mo.

19. (a) 11-19-43 (b) N. E. Brown
(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 Arnold Passman (M.D. or other) MD
Address Prof. Bldg. K.C. Mo. Date signed 11/19/43

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..... 

Licensed Embalmer No. 3110

P. O. Address. K. C. Mc

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson SS.

State File No. 37193
Local Registrar's No. 4881

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of Aug, 1947, before me appears Mollie Carroll, who, upon her oath, states that the original record of ~~birth~~ death for Selig Carroll died Nov. 17, 1943 in the State of Missouri, and which was filed at K.C. on Nov. 19, 1943, should be corrected as follows:

Item No. 9 should read Omaha, Nebraska
Instead of Russia

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mollie Carroll Relationship.

Mollie Carroll
Present Address.

621 Woodland
August

Subscribed and sworn to before me this 10th day of August, 1947.

My Commission expires Oct 20, 1947 Carrie M. Ruppeliss Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

37193