

FILED FEB 5 1944

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Independence Sanitarium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 month  
(Specify whether)

In this community 58  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 South Moland  
(If rural, give location)

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

3. (a) PRINT FULL NAME John McCarroll

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-09-0899

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 9 to January 23, 1944  
that I last saw him alive on January 23, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. May McCarroll

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 26 1885  
(Month) (Day) (Year)

Immediate cause of death: Cardio-vascular renal disease & cardiac decompensation

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

58 4 27 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Miller

11. Industry or business Wagoner & Gatis Milling Co.

12. Name Henry Berlan McCarroll

13. Birthplace Washington Co. Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Allee

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

16. (a) Informant Harry Frank McCarroll

(b) Address 1009 North Liberty St. Independence Mo.

17. (a) Burial (b) Date thereof Jan 25 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn W.M. Church

18. (a) Signature of funeral director W. Mitchell

(b) Address 310 N. Main St. Independence Mo.

19. (a) 1-24-1944 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations None

Of autopsy None

PHYSICIAN W. Mitchell  
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 \_\_\_\_\_

23. Signature W. Mitchell (M.D. or other) MD

Address Independence Mo Date signed 1-24-44

MAY 21 1948

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

Signed

Henry A. Mitchell

Licensed Embalmer No.

3925

P. O. Address

Indep. 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.**