

FILED JUN 7 1944

Primary Registration District No. 3011

Registrar's No. 49

1. PLACE OF DEATH:

(a) County CARROLL

(b) City or town CARROLLTON MO  
(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 \_\_\_\_\_ (Specify whether)

In this community ALL HER LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARROLL

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

(d) Street No. 601 EAST BALLEH  
(If rural, give location)

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

3. (a) PRINT FULL NAME ORA ETHEL MICHAELS

3. (b) If veteran, name war NO

3. (c) Social Security No. 496.16-1870

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24  
year 1944 hour 1.0 minute 30 P.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES O. MICHAELS

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

7. Birth date of deceased JULY 11 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MAY 18 1944 to MAY 24 1944  
that I last saw her alive on MAY 24 1944  
and that death occurred on the date and hour stated above

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

49 10 13 hr. min.

Immediate cause of death myocardial infarction coronary

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

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

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

10. Usual occupation HOUSE WIFE

Other conditions (Include pregnancy within 3 months of death) 928

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name LOUIS MORLEY

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

14. Maiden name UNKNOWN

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant MR CHARLES O. MICHAELS

(b) Address CARROLLTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 27 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

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? \_\_\_\_\_

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) 5-26-44 (Date received local registrar)

(b) Marjames Rafferty (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(c) \_\_\_\_\_ (City or town) (County) (State)

23. Signature R. M. Hester (M. D. or Ch.D.)  
Address Carrollton, Mo Date signed MAY 24 1944

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

17  
1  
1

YED

Health Officer No. 8,

File Number

Filed

6-6-44

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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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

E. S. James

Licensed Embalmer No.

2058

P. O. Address

Concordia 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.**