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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28994

Registration District No. 320 Primary Registration District No. 6225 Registrar's No. 137

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hosp. #3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months 6 days (Specify whether

In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 108

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 71st & Sycamore Rt - 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Roland Hill Carroll

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 22 (Day) 1857 (Year)

8. AGE: Years 87 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Strathy Middlesex Co. Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Hiram Carroll
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Buttery
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Recd.

(b) Address Nevada Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 22 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) 8-22-44 (Date received local registrar) (b) Fuzel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1944 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 16, 1944, to Aug 22, 1944 that I last saw him alive on Aug 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to Gen. Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

930

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wm. J. Crane (M. D. or other)

Address Nevada Date signed 8/22/44

1331 (Licensed Embalmer's Statement on Reverse Side)

RE[illegible]

[illegible] Officer No. 7,

[illegible] 8-44-1018

Date Filed 9-8-44

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 Allen V Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.