S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

42 1 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30985

FILED OCT 6 1944

Registration District No. 1 3944

Primary Registration District No. 3023

Registrar's No. 170

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Clair
(c) City or town Osceola Mo
(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 1

3. (a) PRINT FULL NAME Johnny Carroll
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male | 5. Color or race Negro | 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July (Month) 31 (Day) 1879 (Year)

8. AGE: Years 65 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Osceola (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name Jack Carrose
13. Birthplace Benton Co (City, town, or county) Mo (State or foreign country) 0
14. Maiden name Ellen Harris
15. Birthplace Osceola (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Estela Parks
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director J Blackwell
(b) Address Osceola Mo

19. (a) Sept 28 1944 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

10619 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28
year hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-1, 1944, to 9-28, 1944; that I last saw h alive on 9-21, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer liver	1 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H L Sublett (M. D. or other)
Address Clinton Mo Date signed 9-29-44

RECEIVED
District Health Officer No. 7.
District File Number 9-44-1113
Date Filed 10-5-44

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 W. L. Vansant

Licensed Embalmer No. 3879

P. O. Address Clinton

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.