

V. S. No. 2
100M-5-43
Rev. 5-17-39
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33679

State File No. _____

FILED OCT 24 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1042

1. PLACE OF DEATH:

(a) County Buchanan Co
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
 In this community over 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME NETTIE- CARROLL

3. (b) If veteran, name war no 3. (c) Social Security No. no.

4. Sex Female 5. Color Whk. 6. (a) Single, widowed, married, divorced Mar.
 6. (b) Name of husband or wife Ben. Carroll 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased April 13 1883
 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Jawa, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Turk

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

14. Maiden name Miss Turk

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

16. (a) Informant Ben Carroll

(b) Address St Joseph

17. (a) B (Burial, cremation, or removal) (b) Date thereof Oct 20 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Stoney Funeral Home

(b) Address St Joseph Mo

19. (a) 10-20-44 (Date received local registrar) (b) Helena J. Reilly (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
 (c) City or town St Joseph (If outside city or town limits, write "RURAL")
 (d) Street No. 2916 Commercial (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1944 hour 1:30 minute a M.

21. I hereby certify that I attended the deceased from Oct. 4, 1944, 19 to Oct. 18, 1944, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, Lower Lobe Right - Left. Duration 3 days

Due to Stricture, Complete, of Common Bile duct. 10 days

Influenza 4 days

Other conditions 338 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Closure Common Duct Double Lobar Pneumonia. 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 J. R. Elliott (M. D. or other) M. D.
 Address 801 Francis, St. Joseph, Mo Date signed 10-18-1944

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

MOTHER FATHER

1377

Dr. Elliott
801 1/2

NOV 1 1944

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 Jules Roy Plamey

Licensed Embalmer No. 2435

P. O. Address St. Joseph's

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.