

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37627**

**FILED NOV 20 1944**

Primary Registration District No. **4173**

Registrar's No. **96**

1. PLACE OF DEATH:

(a) County **Douglas**  
(b) City or town **Ava, Benton**  
(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. (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME **Malissa J. Carrol**

3. (b) If veteran, name war. 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **T. C. Carrol** 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **February 12, 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80 6 10** hr. min.

9. Birthplace **Kingston, Tenn.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **J. Bray**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. C. Pope**  
(b) Address **mtn Grove, Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-26-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Prairie Hollow**  
18. (a) Signature of funeral director **Clinkingbeard Funeral Home**  
(b) Address **Ava, Missouri**

19. (a) **11-1-1944** (Date received local registrar) (b) **Lula Spurlock** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas**  
(c) City or town **Ava Rural**  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **22**  
year **1944** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Dec-1942**  
to **June 24, 1944**  
that I last saw her alive on **June 24, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Phlegm** **about 18/mo**

Due to **Acute Phlegm** **about 18/mo**

Due to **Acute Phlegm** **about 18/mo**

Other conditions (Include pregnancy within 5 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?

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

23. Signature **R. M. Norman** (M. D. or other) **9/6/44**  
Address **Ava, Mo.** Date signed

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 6,  
District File Number 1144-1207  
Date Filed NOV 21 1944

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

Signed W. B. Duthason  
Licensed Embalmer No. 3431  
P. O. Address W. B. Duthason

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.