

**FILED** AUG 29 1945

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 616

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 hours  
(Specify whether  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 738 South  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Bertha Carroll

3. (b) If veteran,

name war None

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 D. L. Carroll

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

7. Birth date of deceased May 22, 1892  
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 13 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Camden County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife In Home

11. Industry or business

MOTHER FATHER } 12. Name Tom Black  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gladys Carroll

(b) Address Springfield, Missouri

17. (a) Burial (b) Date, thereof 8-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-8-45 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th,  
year 1945 hour 11:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 8/13/45 to 8/15/45  
that I last saw her alive on 8/15/45 and that death occurred on the date and hour stated above.  
Immediate cause of death Heart stroke Duration 20 hrs

Due to Cole's Cystectomies & Appendectomy during  
Due to extreme hot weather

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 129

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) (e) Means of injury \_\_\_\_\_

23. Signature C. E. Feller (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 8/14/45

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

**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 *Lewis G Schorpf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 7*

**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.**

X