

FILED DEC 12 1945

Registration District No. 2

Primary Registration District No. 3011

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 18 S. Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Carrollton /
(If outside city or town limits, write "RURAL")
(d) Street No. 10 S. Monroe
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Glessie Braun Marshall

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robt. M. Marshall 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept. 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Carrollton Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name August Gerhart Rohmoeller
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cary Braun
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. M. Marshall

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 11/26/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK H:11

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

(b) Address Carrollton, Mo.

19. (a) 11-25-45 (b) Mr. Netherlaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 23rd
year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 22, 1945 to Nov. 23, 1945,
that I last saw her alive on Nov. 23, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 29 hr.

Due to _____

Due to _____

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

Major findings: Of operations XXXXXXXXXXXXXXXXXXXX

Of autopsy XXXXXXXXXXXXXXXXXXXX

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 _____

23. Signature R. J. Cook (M. D. or other) _____

Address Carrollton, Mo. Date signed 11/24

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-12-41

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address. Carrollton, 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.