

Stanton

FILED JAN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. 40845

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 48

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

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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(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 _____

3. (a) PRINT FULL NAME JIMMIE L. SPORTSMAN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased Aug 15 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 4 14 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Austin Grey

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

14. Maiden name Mildred Sportsman

15. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Sportsman

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 12-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adkins Cem.

18. (c) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo.

19. (a) 1/2/46 (b) Mrs. Hubert Gibson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1945 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec. 29 to Dec. 29 1945
that I last saw him alive on Dec. 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia plus peritonitis

Duration ?

Due to Duration of case unknown

Due to traf.

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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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 B. Hamilton (M. D. or other) _____
Address Carrollton, Mo. Date signed Jan 2 1946

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 1-10-46

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address. *Carrollton, Va.*

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.