S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. 41400

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 368

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
INDEPENDENCE SANITARIUM & HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 WEEKS (Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")

(d) Street No. 1500 N. LIBERTY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. DAISEY ELIZABETH CARROLL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES A CARROLL

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

7. Birth date of deceased 12 (Month) 31 (Day) 1862 (Year)

8. AGE: Years 82 Months 11 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace BOONVILLE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name ADDISON MADERIA
13. Birthplace NO RECORD (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name REBECCA SMITH
15. Birthplace NO RECORD (City, town, or county) (State or foreign country)

16. (a) Informant ED. S. CARROLL
(b) Address 1507 N. LIBERTY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation UNION CEMETERY: R. C. MO.

18. (a) Signature of funeral director [signature]
(b) Address 815 W. MAPLE AVE.

19. (a) 12-28-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1945 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct, 1945, to Dec 26, 1945 that I last saw her alive on Dec 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia	5 days
Due to: Influenza	8 days
Due to:	
Other conditions: Fracture neck of left femur (Include pregnancy within 3 months of death)	2 mo

Major findings:
Of operations ✓
Of autopsy [signature]

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) Fract neck of femur
(b) Date of occurrence Oct 45 120
(c) Where did injury occur? Independence (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? ✓ (e) Means of injury Fall

23. Signature J. C. Hickerson (M. D. or other)
Address Independence Mo Date signed Dec 28

1163

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1946

JAN 16 1946

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. Henry W Stubb

Licensed Embalmer No. 3181

P. O. Address Independence 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.