

FILED FEB 11 1946

Registration District No. 95

Primary Registration District No. 3011

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:
South Fe RR Carrolton, Mo
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Pursal
(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 Jan day 13
year 1946 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____
Cocooner, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Desiccation Duration _____

Due to Collision of Car + Santa Fe
train while deceased was
riding.
Due to _____

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

Major findings:
Of operations 170c-8
Of autopsy 22
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Jan. 13, 1946
(c) Where did injury occur? at crossing South main st
Carrollton, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Charles R. Ruff (M.D. or other) Cocooner
Address Carrollton Mo Date signed 1/15/46

3. (a) PRINT FULL NAME ANABEL LIGHTFOOT

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

4. Sex Fe 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan 20 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 11 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Levi Lightfoot

13. Birthplace Carroll Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Genevra Thomas

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

16. (a) Informant Levi Lightfoot
(b) Address Wakenda, Mo.

17. (a) Burial (b) Date thereof 1-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plaza Park Cem
Carrollton, Mo
18. (a) Signature of funeral director Stanley Gibson
(b) Address _____
19. (a) 1/15/46 (b) Tom Herbert Calvert
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
386

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 28-46

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 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.