

FILED JUN 10 1946

Registration District No. _____ Primary Registration District No. **3012**

Registrar's No. **71**

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

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Excelsior Springs Hospital
(If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution yes, 3 days
(Specify whether years, months or days)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray 89
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 miles South East Ex. 111
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME T. A. CARROLL

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

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

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

7. Birth date of deceased June 21 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Riceville Tenn!
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name George W. Carroll

13. Birthplace Morsetowne Tenn!
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mooney

15. Birthplace Morsetowne Tenn!
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. E. F. Bollinger

(b) Address Excelsior Springs

17. (a) Burial Burial **(b) Date thereof** May 29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery, near Orrick

18. (a) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs, Mo.

19. (a) 5/29/46 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 15 1946 to May 27 1946
 that I last saw him alive on May 27 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach
Diagnosed Clinically
by Baird Dr. Walker
& myself

Other conditions Severe repeated Hemoptyses
(Include pregnancy within 3 months of death)

Major findings: None made
Of operations _____

Of autopsy none made

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? _____ **Means of injury** _____

23. Signature John F. Hall **(M. D. or other)** MD
Address Excelsior Springs **Date signed** 5/29/46

Duration 1 1/2 years
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-7-46

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 Chas. Virgil Kape

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.