

S. No. 2
M-5-43
5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20727

FILED JUN 21 1946

Registration District No. 156 Primary Registration District No. 201 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
608 East 15th /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 608 East 15th 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George Steven Carroll
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27
year 1946 hour 1 minut 50 P.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Dora
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. January 27, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27, 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: Cerebral Apoplexy
Duration

8. AGE: Years 81 Months 4 Days hr. min.

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations (f30)
Of autopsy

9. Birthplace Bland Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

11. Industry or business
12. Name Lorenzo Carroll
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Glander
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

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) (c) Means of injury

16. (a) Informant Mr. Earl Carroll
(b) Address 608 E. 15th, Joplin, Mo.
17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Mo
18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 5-28-46 (b) Ed Dornes
(Date received local registrar) (Registrar's signature)

23. Signature W. A. Loveland (M. D. or other)
Address Joplin Mo Date signed 5/28/46

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

1939

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46-5-495

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Josephine 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.