S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30662

FILED SEP 18 1946

Registration District No. 126 Primary Registration District No. 2001 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: St Johns 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73
(c) City or town Granby 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Maud Frances Carroll

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

4. Sex F 1
5. Color or race white
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 18 (Day) (Year)

8. AGE: Years 58 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Granby (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation house wife
11. Industry or business

FATHER
12. Name George Johnson 1
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Allie Johnson
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Evelyn Brewer
(b) Address Granby
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 (Month) (Day) (Year)
(c) Place: burial or cremation Granby Cemetery
18. (a) Signature of funeral director Culver Jadd
(b) Address Granby
19. (a) 8-20-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18th year 1946 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from August 12, 1946 to 8/18, 1946 that I last saw him alive on 8/18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Al Kalosis
Due to Secondary to Dividend Block
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: None
Of operations
Of autopsy

Duration
1 week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Joplin Mo Date signed 8/19/46

130 (Licensed Embalmer's Statement on Reverse Side)

46-8-764
Brewer.

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.