

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17901

State File No.

FILED JUN 9 1947

Registration District No. 147

Primary Registration District No. 4206 5609

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Rose Hill Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2
(If not in hospital or institution, write street number or location).
(d) Length of stay: In hospital or institution none (Specify whether
In this community 10 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 31
(c) City or town Holden 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country XXXX

3. (a) PRINT FULL NAME GEORGE WASHINGTON CARRELL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Morintha Carrell 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 17, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>2</u>	<u>2</u>	hr. min.

9. Birthplace Clay County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business same

12. Name John Carrell 9

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Beatrice Aldridge

(b) Address Route #2, Holden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack, Missouri

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) June 1, 1947 (Date received local registrar) (b) Mrs E V Redford (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1947 hour 11:40 minute A M.

21. I hereby certify that I attended the deceased from May 12 1947, to May 19 1947.
that I last saw him alive on May 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration

Due to
Due to

Other conditions Sen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93P

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)
(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) (e) Means of injury.

23. Signature Kelly Rawlins (M. D. or other) 0
Address Holden Mo Date signed 5/19/47

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

MOTHER FATHER

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 *M. R. Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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.