

FILED SEP 23 1947
Registration District No. 187

Primary Registration District No. 1002

Registrar's No.

3862

1. PLACE OF DEATH:

(a) County JACKSON ROLL
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution GENERAL HOSPITAL #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DAYS
 (Specify whether
 In this community 34 YEARS
 years, months or days)

3. (a) PRINT FULL NAME RUTH CARROLL3. (b) If veteran,
name war No3. (c) Social Security No.
Unk.4. Sex FEMALE 5. Color or
race NEGRO6. (b) Name of husband or wife
Joe Carroll6. (a) Single, widowed, married,
divorced WIDOWED7. Birth date of deceased SEPTEMBER 26 1908
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
39 8 13 hr. min.9. Birthplace SPRINGFIELD MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation DOMESTIC

11. Industry or business

12. Name CICERO HANCOCK13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)14. Maiden name IDA CHERRY15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant JUANITA BROWN(b) Address 2539 Olive17. (a) Burial (b) Date thereof 9/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Cemetery18. (a) Signature of funeral director Walter P. Best(b) Address 1729 S. 4th St.19. (a) 9-10-47 (b) Alfredine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1932 MONTGALL
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 9
year 1947 hour 9 minutes 45 A. M.21. I hereby certify that I attended the deceased from
SEPTEMBER 6, 1947 to SEPTEMBER 8, 1947;
that I last saw h. or alive on SEPTEMBER 8, 1947;
and that death occurred on the date and hour stated above.Immediate cause of death
RHEUMATIC HEART DISEASE

Due to

Due to

Other conditions HEPATIC CIRRHOSIS
(Include pregnancy within 3 months of death)THROMBOSIS OF OVARIAN ARTERY
Major findings: (BILATERAL)Of operations
Of autopsy SAME AS ABOVE

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) (Country) (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 [Signature] M. D. or other
 Address Gen. Hosp. #2 Date signed

Duration

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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.....

Levester L. Lilly

Registered Apprentice No. *73*

working under my personal supervision.

Signed..... *E. Jerome Maxford*

Licensed Embalmer No. *3994*

P. O. Address *2508 Highland*

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.