S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9387

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 114

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stelizabeth Hospital. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Day Hosp (Specify whether
In this community 2 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Rural Monroe City Mo. D
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City R. 3 D
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Leo Andrew Carroll
3. (b) If veteran, name war None
3. (c) Social Security No. 489-10-9912

4. Sex Male D
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellier Carrol
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Oct (Month) 26th (Day) 1894 (Year)

8. AGE: Years 53 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Fowler (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Maintainee Work
11. Industry or business Henderson Produce Co
FATHER
12. Name Philip Carrol
13. Birthplace (City, town, or county) Penn. (State or foreign country) 1
MOTHER
14. Maiden name Essie McCann
15. Birthplace Ellington Township (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant Mrs Lee Carroll
(b) Address Monroe City Mo R 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March (Month) 23 (Day) 48 (Year)
(c) Place: burial or cremation Holy Rosary Monroe City
18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City 7770
19. (a) 3-25-48 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3-18 1948, to 3-20 1948; that I last saw him alive on 3-20 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pancreatitis	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Harry L. Greenstein (M. D. or other)
Address Holmes Bldg., Hannibal, Mo. Date signed 3-23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 4 1950

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 me

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Leslie L Hulson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.