

STANDARD CERTIFICATE OF DEATH

State File No. **15679**

FILED JUN 9 1948

Registrar's No. **49**

Registration District No. **5798**

Primary Registration District No. **5798**

1. PLACE OF DEATH:

(a) County **Carroll**

(b) City or town **Rural "Frotter" Twp**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**  
(Specify whether **Life**)

In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Carroll**

(c) City or town **Rural "Frotter" Twp**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4 mi. west of Carrollton**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **ISIAH MICHEALS**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12**  
year **1948** hour **11** minute **00** P. M.

4. Sex **M.O.** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **26** years

7. Birth date of deceased **March 26 1872**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Carrollton Mo** 19...  
that I last saw him **alive** on **May 12 1948** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>76</b>	<b>1</b>	<b>26</b>	<b>hr. min.</b>

Immediate cause of death **Cerebral Thrombosis**

9. Birthplace **Carroll Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **David Micheals**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Lewis**

15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Simpson**  
(b) Address **Carrollton Mo**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **5-15-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Stanley Gibson**  
(b) Address **Carrollton Mo**

19. (a) **5/11/48** (b) **One Herbert C. [unclear]**  
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **of operations**

Of autopsy

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 **2**

23. Signature **Charles Pitt** **Carrollton Mo** (M.D. or other)  
Address **Carrollton Mo** Date signed **5/13/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-8-48.....

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 Ben W. Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton, 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.