S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32820

FILED NOV 4 1948

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 4159

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WHEATLEY HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community SEPT. 5

2. USUAL RESIDENCE OF DECEASED:
(a) State OKla. (b) County NOWATA
(c) City or town NOWATA (If outside city or town limits, write "RURAL")
(d) Street No. NORTH OAK ST (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lottie W. Carrell
3. (b) If veteran, name war NONE
3. (c) Social Security No. No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Bertha M. Carrell
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased APRIL 8, 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Independence, Kans. (City, town, or county) (State or foreign country)
10. Usual occupation NONE
11. Industry or business NONE
FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS. Josephine A. Hayes
(b) Address 1405-E-13th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Lincoln Cem.
18. (a) Signature of funeral director E. E. Davis
(b) Address K. C. Mo.
19. (a) 10-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 1948 hour 5 minute 55 A.M.
21. I hereby certify that I attended the deceased from Oct. 6, 1948, to Oct. 9, 1948, that I last saw him alive on Oct. 9, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to Arterio Sclerotic-type Heart Disease with Decompensation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. C. Turner (M. D. or other)
Address 1433 E. 19th Date signed 10-11

(Licensed Embalmer's Statement on Reverse Side)

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. Robt. David

Licensed Embalmer No. 4417

P. O. Address. K. C. 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.