

FILED NOV 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37667

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Padaski
(b) City or town Waynesville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 6 days (Specify whether
years, months or days)

3. (a) PRINT
FULL NAME

CARROLL, MARTHA

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex F 1
5. Color or
race W

6. (a) Single, widowed, married,
divorced M 1

6. (b) Name of husband or wife

CARROLL, SHERIDAN

6. (c) Age of husband or wife if

alive 57 years

7. Birth date of deceased

March 30 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>7</u>	<u>10</u>	hr. min.

9. Birthplace Visby, Mo.
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Albert Curtis

13. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name M. Daniels
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carroll's Sheridan

(b) Address Vienna, Mo.

17. (a) removal (b) Date thereof 11-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Cemetery

18. (a) Signature of funeral director Th. Cunningham

(b) Address Vienna Mo

19. (a) 11-16-48 (b) Thelma C. Buckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 63
(c) City or town Vienna 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-9
1948 to 11-9, 1948
that I last saw her alive on 11-9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral vascular
accident

Due to

Malignant hypertension

Due to

Nephros arteriole disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

5 day

yes

yes

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)
(c) Means of injury

23. Signature J. Hughes (M. D. or other)
Address Vienna Mo Date signed 11-11-48

DEC 1 1948

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

W. B. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Quincy 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. -