

FILED JAN 12 1949

Registration District No. 3

Primary Registration District No. 3011

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sales Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 wks.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME LILLIE LONG ROCK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1948 hour 6 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 11-25-48 to Dec 26 1948  
that I last saw her alive on Dec 26 1948  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Louis Rock 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 14 1867  
(Month) (Day) (Year)

Immediate cause of death Carcinomatous Duration 2 mo

8. AGE: Years 81 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Carcinoma of ovary  
Due to \_\_\_\_\_

9. Birthplace Ill.  
(City, town, or county) (State or foreign country)

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: Of operations 490

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name John R. Long

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

14. Maiden name Salina Alsop

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

16. (a) Informant Mrs Fred Henning

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 12-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley J. Gibson

(b) Address Carrollton Mo

19. (a) 12/28/48 (b) Mrs Herbert Calvert  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury? \_\_\_\_\_

23. Signature Reignald. Bales (M. D. or other) MD

Address Carrollton Mo Date signed 12/28/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-11-49

---

---

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.....

Wm R Koch....., Registered Apprentice No. 242

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.**