

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11086

FILED APR 12 1944 37

State File No. _____

Registration District No. _____

Primary Registration District No. 5509

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Rural
(Specify whether)

In this community 65
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Louis Station
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Milton Carroll

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 2:30 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1943 to May 1944
that I last saw him alive on May 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Laura Carroll

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug 11 1869
(Month) (Day) (Year)

Immediate cause of death Lung pneumonia Duration _____

Due to Arterial Sclerosis

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 6 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

Major findings:
Of operations _____

Of autopsy _____

108

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Franklin A Carroll

13. Birthplace De Coupin Co. Ill
(City, town, or county) (State or foreign country)

14. Maiden name Ella Dodkins

15. Birthplace De Coupin Co. Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Ray H Carroll

(b) Address Louis Station Mo

17. (a) _____ (b) Date thereof 3 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director A Housey

(b) Address Calhoun Mo

19. (a) March 3, 1944 (b) Georgia Kitchen
(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 2

23. Signature Geo P D W or other 100

Address Calhoun Mo Date signed May 3 1944

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

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

3-44-479

Date Filed

4-11-44

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 *myself*

....., Registered Apprentice No.
working under my personal supervision.

Signed *J. A. Hansey*
Licensed Embalmer No. *3205*
P. O. Address *Calhoun 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.