

3. No. 2
M-5-43
5-17-39
1 X36671

FILED APR 6 1945

Registration District No. **222**

Primary Registration District No. **4333**

Registrar's No.

1. PLACE OF DEATH: **Moniteau**

(a) County **Moniteau**

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

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

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

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

3. (a) PRINT FULL NAME **Arminta Carroll**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**

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

6. (b) Name of husband or wife **John Henry Carroll**

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

7. Birth date of deceased **January 7th 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	2	8	hr. min.

9. Birthplace **Moniteau County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **Nicholas Allee**

13. Birthplace **Moniteau County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Bartlett**

15. Birthplace **Moniteau County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fordyce Dooley**

(b) Address **Clarksburg, Missouri**

17. (a) **Burial** (b) Date thereof **3-18-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarksburg, Mo**

18. (a) Signature of funeral director **James E. Richards**

(b) Address **Siston Mo.**

19. (a) **3-17-45** (b) **John M. Nudelo**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

(c) City or town **Clarksburg**
(If outside city or town limits, write "RURAL")

(d) Street No. **None**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Native**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15th.**
year **1945** hour **7** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **April** 19**43**, to **Mar 14** 19**45**.

that I last saw h. **alive** on **Mar 14** 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis with myocardial degeneration** Duration

Due to

Due to **93d**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **B.W. Knapp** (M.D. or other) **OO**

Address **Clarksburg, Mo.** Date signed **3/17/45**

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

0000

434

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 4-5-45

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

Signed

Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address: Lipton, 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.