

1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43825
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 1095
(b) Township..... Primary Registration District No. 4336 Registered No.....
(c) City Clarksburg (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Carroll

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armeta Carroll
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 4 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
13. NAME McCarthy Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clasper County, Missouri
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Nellie Stinson
Clarksburg, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg, Mo, DATE 12/17/1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James E. Richards
Lipton, Mo
20. FILED 12-24 1938 John Martin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-1938
22. I HEREBY CERTIFY, That I attended deceased from 12-16-1938, 19....., to 12-18-1938, 1938
I last saw him alive on 12-18-1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
mitral insufficiency Date of onset
Other contributory causes of importance: 92W
Name of operation:..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) R. P. Farris M. D.
(Address) Clarksburg, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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, above space should be left blank.