

DEC 14 1938

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

38221
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2430 Chestnut 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 Dannis Laverence Carroll

(a) Residence, No. 2430 Chestnut 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 Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee of American Cannery.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Mo.

13. NAME Thomas Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Ellen Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Anna Carroll. 2430 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 11/17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster 918 Brooklyn

20. FILED Nov. 15, 1938 M. M. Corone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9:00 PM 1938.
 I last saw him alive on 11-14-38. Death is said to have occurred on the date stated above, at 9:00 PM.
 Principal cause of death and related causes of importance were as follows:

Rheumatic heart disease
Mitral stenosis
Chronic adhesive pericarditis
Pulmonary edema
 Date of onset
 Other contributory causes of importance:

Name of operation Date of operation
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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 4
 (Signed) Walter P. Richter, M. D.
 (Address) East High, K.C. 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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.