

FILED DEC 4 1941
Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 115

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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ 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. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Albert Darral

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1941 hour 6 minute 00 AM
21. I hereby certify that I attended the deceased from ECT
1941 to Nov. 18 1941
that I last saw him alive on 11-18
and that death occurred on the date and hour stated above.

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

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mayme Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 10 1856
(Month) (Day) (Year)

Immediate cause of death Cardiac Insufficiency
Duration 3 hrs

8. AGE: Years 85 Months 5 Days 8 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 95c 3

10. Usual occupation _____

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Darral
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Susan Roller
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Adams
(b) Address Carrollton Mo
17. (a) Burial (b) Date thereof 11-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cem

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? _____

18. (a) Signature of funeral director Ethan Gey
(b) Address Carrollton Mo
19. (a) 11-19-41 (b) W. S. Atwood
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature W. S. Atwood (M. D. or other) _____
Address Carrollton Mo Date signed 11/19/41

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date filed 12-3-41

DEC 20 1941

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.