

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2771  
Registrar's No. 10

FILED FEB 18 1943  
Registration District No. 008

Primary Registration District No. 5685

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

1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Rural - Rich Hill  
 (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 51 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rich Hill Township  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Michael Carroll  
 3. (b) If veteran, name war World War I  
 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 4, 1890  
 (Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 19  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Linn Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Carroll  
 13. Birthplace Madison Mo.  
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Tompkins  
 15. Birthplace Linn Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Earl E. Carroll  
 (b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof Jan 26, '43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Jarvis D. Gordon  
 (b) Address Chillicothe, Mo.

19. (a) JANUARY 25 (b) LOU ELA CURRY  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23  
 year 1942 hour 4 minute \_\_\_\_\_ A. M.  
 21. I hereby certify that I attended the deceased from April 1941 to Jan 23, 1942  
 that I last saw him alive on Jan 14, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE  
 Due to Hypertensive Heart Disease years \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
8301

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) \_\_\_\_\_ (Means of injury)  
 23. Signature J. M. Melica (M. D. or other) \_\_\_\_\_  
 Address Chillicothe, Mo. Date signed 1-24-42

FEB 20 1962

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**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.....

*Donald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address. *Chillicothe, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ~~XXXX~~

Registration District No. 508

Primary Registration District No. 5686

Registrar's No. 10

1. PLACE OF DEATH:

(a) County LIVINGSTON

(b) City or town RURAL RICH HILL TWP.  
(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 51 YEARS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LIVINGSTON

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

(d) Street No. RICH HILL TOWNSHIP.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Michael Carroll

3. (b) If veteran, name war World War I

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY Day 23 Year 1942 Hour 4 Minute A.M.

21. I hereby certify that I attended the deceased from APRIL 1941 to JAN. 23, 1942 that I first saw him/her alive on JANUARY 14, 1942 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 SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased JUNE 4, 1891  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart Disease/CAUSE

8. AGE: Years 51 Months 7 Days 1 If less than one day \_\_\_\_\_ min.

9. Birthplace LIVINGSTON Co. Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: of 3a!

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Carroll

13. Birthplace MADISON Co. IND.  
(City, town, or county) (State or foreign country)

14. Maiden name MARY TOMPKENS

15. Birthplace LIVINGSTON Co. Missouri  
(City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Earl C. Carroll

(b) Address Chillicothe, Mo

17. (a) BURIAL (b) Date thereof JAN 26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director JAMES D. GORDON

(b) Address Chillicothe Mo

19. (a) JANUARY 25 (b) LOU ELLA CURRY  
(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 D

23. Signature D.K. McKee (M. D. or other)

Address Chillicothe Mo Date signed 1-24-42

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

MOTHER FATHER

**SUPPLEMENTAL**

S-2771