

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

REGISTRATION DISTRICT NO. 1000

Primary Registration District No. 1000

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
Missouri Methodist Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)

In this community Seventy six years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2107 St. Joseph Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ulysses F. Carroll

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

20. DATE OF DEATH: Month January day 18th  
year 1943 hour eight minute 30 A.M.

4. Sex Male 5. Color or race White

21. I hereby certify that I attended the deceased from January 9  
1943 to January 18, 1943

6. (b) Name of husband or wife Mrs Addie Crenshaw

that I last saw him alive on January 17, 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased March 8, 1866  
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>10</u>	.....br.....min.

Due to Generalized arteriosclerosis

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

Due to Hypertension

10. Usual occupation Landscaper

Other conditions 930  
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: 930

12. Name John W. Carroll

Of operations.....

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

Of autopsy.....

14. Maiden name Adelia Cobb

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Lyndal Sunter

(b) Address 962-11th St., Denver, Colo.

17. (a) Burial (b) Date thereof Jan. 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Mr. F.R. Sidenaden, Home

(b) Address 602 South 10th Street

19. (a) Jan. 21, 1943 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

(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?

23. Signature Welfare Board (M. D. or other) 724

Address Welfare Board Date signed 1/21/43

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

MOTHER FATHER

1255

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

---

---

**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 Mollie E. Sidenfaden Fox  
Licensed Embalmer No. 4235  
P. O. Address St. Joseph, 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.**