

FILED FEB 10 1944

Registration District No. **35**

Primary Registration District No. **3010**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South East Mo Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
In this community 6 Days  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 Miles North of New Madrid  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME ALYENE ADEN CARROLL

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife WILTON CARROLL 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JUNE 3 - 1916  
(Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 17 If less than one day hr. min.

9. Birthplace unk Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

12. Name Charley Allen 1

13. Birthplace unk Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Lucile Poyar

15. Birthplace unk Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilton Carroll

(b) Address New Madrid, Mo. R. 1.

17. (a) Burial (b) Date thereof 1-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richardson & Co.

(b) Address New Madrid, Mo.

19. (a) 1-27-44 (b) F. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1944 hour 9:10 P.M. minute 26 M.

21. I hereby certify that I attended the deceased from 1-14, 1944, to 1-20, 1944

that I last saw her alive on 1-20, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxia  
Thrombosis

Due to.....

Due to.....

Other conditions 104  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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) (b) Means of injury.....

23. Signature D. P. Elmer (M. D. or other).....

Address Cape Girardeau, Mo. Date signed 1-26-44

1014

(Licensed Embalmer's Statement on Reverse Side)

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

0.0000

RECEIVED

District Health Officer No. 4  
District File Number 244-3409  
Date Filed 2-9-44

FEB 25 1949

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 Leo Hudguth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.