

FILED JAN 31 1946
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 129

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Kaw Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Three Days Wheatley Provident
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether years, months or days) Eighteen Years

3. (a) PRINT FULL NAME Clarice Carroll
 (b) If veteran, name war no
 (c) Social Security No. none

4. Sex Female
 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife Henry Carroll
 (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased May 19, 1907
 (Month) (Day) (Year)

8. AGE: 38 Years 7 Months 20 Days
 If less than one day hr. min.

9. Birthplace Fredonia Kans.
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business
 12. Name ~~Jerry Carroll~~ unknown
 13. Birthplace ~~Wagon Mound~~ Kansas
 14. Maiden name ~~Odeasa Brown~~ Bowen
 15. Birthplace Fleming Mo

16. (a) Informant Odeasa Brown
 (b) Address 1406 Forest

17. (a) ~~Funeral~~ (b) Date thereof 1-10-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chanute Kans

18. (a) Signature of funeral director ~~Wm. Appleton Jones~~
 (b) Address Chanute Kans

19. (a) 1-10-46 (b) ~~Gertrude Holmes~~
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Jackson 48
 (a) State ~~Missouri~~ Kansas City (b) County
 (c) City or town ~~Hebe~~ 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1406 Forest 8
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9
 year 1946 hour 10 minute 10 P.M.
 21. I hereby certify that I attended the deceased from 5 to 9
 that I last saw her alive on Jan 9, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal
 obstruction
 Adhesions
 Due to _____
 Due to _____

Other conditions: 560a
 (Include pregnancy within 3 months of death)
 Major findings: Fibroid Tumor
 Of operations ruptured ovaries left
 Of autopsy: I NTESTINAL obstruction

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? _____

(Specify type of place) _____
 While at work? (e) Means of injury _____
 23. Signature S. V. Miller (M. D. or nurse)
 Address 1203 Yucca Date signed 1-10-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

C. J. West

Licensed Embalmer No. 2710

P. O. Address 15. E. 7th St.

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.