

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23202

State File No. _____

FILED JUL 10 1947

Registration District No. 362

Primary Registration District No. 4234

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural (Elkhorn township)
(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 life years, months or days)

3. (a) PRINT FULL NAME Ella Marie Carroz

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emil Carroz

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 3, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	11	27	_____ hr. _____ min.
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9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Eick

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

14. Maiden name Erma Marie Sontag

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Carroz

(b) Address R.F.D. Warrenton, Mo.

17. (a) Burial (b) Date thereof 7-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 7/2/47 (b) Mrs. Fred Moray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1947 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 2, 1946, to June 30, 1947, that I last saw her alive on June 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to ~~Coronary Occlusion~~

Due to Cardio-vascular-renal disease

Other conditions Myocardial degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 13/17

Duration _____

Survival years 1 year

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature A. N. Mackay (M. D. or other) D.O.
Address Warrenton, Mo. Date signed 7/2/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-9-47

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 John Thielberg
Licensed Embalmer No. 3892
P. O. Address Warrenton, Md

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.