No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24747

Registration District No. 187 — Primary Registration District No. 3046 — Registrar's No. 94

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital Chillicothe Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston 59
(c) City or town Chillicothe Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. ____ 2
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME Ola Carroll

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

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband ~~or wife~~ Hugh Carroll 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec (Month) 13 (Day) 1896 (Year)

8. AGE: Years 50 | Months 6 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business ____

FATHER
12. Name Fred Humphreys
13. Birthplace ____ (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Nora Alice Trullinger
15. Birthplace ____ (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Hugh Carroll
(b) Address Bosworth Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Wharton

18. (a) Signature of funeral director David J Edwards
(b) Address Bosworth Mo

19. (a) July-5-47 (Date received local registrar) (b) Francis B Null (Registrar's signature) 1 M

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1947 to July 4, 1947
that I last saw her alive on July 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration 2 1/2 hrs
Due to Surgery
Due to Hysterectomy
Other conditions ____
(Include pregnancy within 3 months of death)

Major findings: Of operations Fibroid Uterus
Of autopsy ____ 56 B

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 ____ 0

23. Signature P. J. Brennan (M. D. or other)
Address Chillicothe, Mo Date signed 7/4/47

(Licensed Embalmer's Statement on Reverse Side)

VS MAY 11 1960

JAN 15 1954

DISTRICT HEALTH OFFICE
Cameron, 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 David J Edwards

Licensed Embalmer No. 3265

P. O. Address Bonwith 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.