No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1948

Registration District No. 217

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5787

State File No. 42385

Registrar's No. 114

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Charleston (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 2, Box 3 /
(If not in hospital or institution, write street number or location)

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

In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi 67

(c) City or town: Charleston (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2. Box 3 ½ mi from Charleston 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: ----------

3. (a) PRINT FULL NAME: Lyda Pearl Carroll

3. (b) If veteran, name war: ----------

3. (c) Social Security No. ------

4. Sex: Female 3

5. Color or race: Negro

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

6. (b) Name of husband or wife: William C. Carroll

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: December 9, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	17	hr. min.

9. Birthplace: Water Valley, Miss. / (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ----------

FATHER
12. Name: Jeffry Hairston
13. Birthplace: Miss. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Harriett William s
15. Birthplace: Miss. / (City, town, or county) (State or foreign country)

16. (a) Informant: William C. Carroll
(b) Address: R.2, B.3, Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: F. L. Sparks
(b) Address: Charleston, Missouri.

19. (a) 12-30-47 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1947 hour 7:14 minute A. M.

21. I hereby certify that I attended the deceased from 4-26-, 1947 to 12-21-, 1947 that I last saw her alive on 12-21-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease & Left Hemiplegia	8 mons.
Due to:	
Due to: Chronic Nephritis	10 mons.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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: W. A. Lungal (M. D. or other)
Address: 204 S. Locust St. Charleston Date signed 12-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-15
Date Filed 1-5-41

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.