S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37627

Registration District No. 279 — Primary Registration District No. 4415 — Registrar's No. 31

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Clarksville (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Clarksville 0
(If outside city or town limits write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gussie Roberts Carroll
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife CALVIN CARROLL
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 10 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
94	2	11	hr. min.

9. Birthplace Clarksville (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name John O. Roberts
13. Birthplace Albamaral Co (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name Mary V. Swane
15. Birthplace Clarksville (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant R. L. Carroll
(b) Address Clarksville Mo
17. (a) Nov 22 (Burial, cremation, or removal) (b) Date thereof ~~Nov 23 '48~~ (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Harry L. Carroll
(b) Address Clarksville Mo
19. (a) 11-23-48 (Date received local registrar) (b) Suda Richard (Registrar's signature) 256

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1948 hour 2 minute 30 A M.
21. I hereby certify that I attended the deceased from Nov. 21, 1948 to Nov. 21, 1948 that I last saw her alive on Nov. 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	12 hrs
Due to General arteriosclerosis	not known
Due to Age	
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 E. M. Bartlett (M. D. or other)
Address Clarksville Mo. Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-2010
Date Filed NOV 24 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.