

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4783**  
**545**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <b>0241</b>                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2005 Indiana Ave.</u>                                |  | d. STREET ADDRESS (If rural, give location) <u>463 E. Mill</u> <b>X1</b>   |  |

|                                     |                        |                       |                          |                                       |                         |
|-------------------------------------|------------------------|-----------------------|--------------------------|---------------------------------------|-------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Emma</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Carroll</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>Feb.</u> <u>3-50</u> |
|-------------------------------------|------------------------|-----------------------|--------------------------|---------------------------------------|-------------------------|

|                      |                               |   |                                      |   |  |                                       |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 23-1879</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u>10</u> Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---------------------------------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Germany</u> <b>4</b> | 12. CITIZEN OF WHAT COUNTRY? <u>US.</u> |
|--|-----------------------------------|---|---|

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|--|--|---|
| 13a. FATHER'S NAME <u>Jasper Brummerhoff</u> | 13b. MOTHER'S MAIDEN NAME <u>Lena Rosine</u> | 14. NAME OF HUSBAND OR WIFE <u>Richard P. Carroll</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Idea H. Brown</u> ADDRESS <u>Kansas City Mo.</u> |
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|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331+</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 1949 to Feb 3, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

|   |                                |                                |
|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE <u>Wm. H. Goodson M.D.</u> | 23b. ADDRESS <u>Liberty Mo</u> | 23c. DATE SIGNED <u>2/4/50</u> |
|---|--------------------------------|--------------------------------|

|  |                            |  |   |
|--|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Feb. 3-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u> | 24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u> |
|--|----------------------------|--|---|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG. <u>2-6-50</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Archer Co.</u> ADDRESS <u>Liberty, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.