

FILED JAN 18 1943

State File No.

Registration District No. 33

Primary Registration District No. 3011

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution: South Side Hospital 0
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2 days
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Tina Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1942 hour 12 minute 00 M.
21. I hereby certify that I attended the deceased from Dec 1-1942
19... to Dec 7-1942
that I last saw him alive on Dec 7-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate
Duration

Due to 518
Due to
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature R. W. P. ... (M. D. or other)
Address Carrollton Mo. Date signed 12/7/42

3. (a) PRINT FULL NAME Ernest Stephen Circle

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Jessie Circle 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased. Sept 27-1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Shoery

12. Name Ely Circle

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

14. Maiden name Emma Lynn

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Mobley

(b) Address Tina Missouri

17. (a) Burial (b) Date thereof 12/8/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Carrollton Mo

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina Missouri

19. (a) 12-7-1942 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

HP

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-15-42

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.

Clifford W. Austin

Signed _____

Clifford W. Austin

Licensed Embalmer No. 9235

P. O. Address Traci Missouri

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.