

REC'D DEC 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40052
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. _____
 (c) City Louisiana (d) Street No. Pike County Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 666 Ira Walter Carver St. (If nonresident, give city or town and State)
Cerro Gordo Ill (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Carver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 1862
 7. AGE YEARS 75 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) about 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Illinois

FATHER 13. NAME Harrison Carver
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Illinois

MOTHER 15. MAIDEN NAME Mary Wyatt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (?)

17. INFORMANT (ADDRESS) Mrs. H. C. Speer Louisiana Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cerro Gordo Ill DATE 11/8 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Henry Louisiana Mo.

20. FILED 11/6 38 J. C. Henry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31-38, to 11-6-38
 I last saw him alive on 11-6-38. Death is said to have occurred on the date stated above, at 2:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Pneumonia 10/31/38
108

Other contributory causes of importance: Myocarditis, Chronic Myocardial Insufficiency, Mitral Insufficiency

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide: _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) R. C. Audra, M. D.
 (Address) Louisiana, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14023 WHITE PAPER, WITH GRADING MARK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-38-715

Date Filed 2/12/38

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.