73-1

78-28
June [redacted] JUL 17 1939

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

22934
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis 2 Registration District No. 668
(b) Township 1 Primary Registration District No. 3032 Registered No. 204
(c) City Sedalia (d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1614 MARY ELLA CARVILLE
(a) Residence, No. 417 West 4 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18-1879
7. AGE: YEARS 59 MONTHS 6 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as saw mill, bank, etc. Public Schools
10. Date deceased last worked at this occupation (month and year) Feb. 1939
11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri 0

FATHER
13. NAME John Carville 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER
15. MAIDEN NAME Agnes McGaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

17. INFORMANT (ADDRESS) Mr Jno McGaw Sedalia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6/27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros. Sedalia Mo.
20. FILED 6-26-1939 Mrs Harry Snell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1939, to June 24, 1939
I last saw her alive on June 24, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Tumor
Chorioid tumor not delivered (no autopsy)
Date of onset Kn
Other contributory causes of importance: none 55d
Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? no
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 none
(Signed) Chas. [illegible], M. D.
(Address) Sedalia Mo

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 83
District File Number
Date Filed 7/13/39

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: Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.