

AUG 14 1939
Registration District No. 209

Primary Registration District No. 4369

Registrar's No. 104

1. PLACE OF DEATH: 9
(a) County Newton
(b) City or town Neesho
(c) Name of hospital or institution: N. Ripley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 years, months or days

3. (a) PRINT FULL NAME MARTHA ELLEN CARVER
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race White
6. (b) Name of husband or wife H. D. CARVER 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased SEPT 25 1875
(Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace MANSFIELD, MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name ABRAHAM POOLE 0
13. Birthplace MANSFIELD MO 9
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name ROSS
15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address NEESHO MO

17. (a) REMOVAL (b) Date thereof AUG 7 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MUSKOGEE OKLA

18. (a) Signature of funeral director [Signature]
(b) Address Neesho Mo

19. (a) 8-7-39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Neesho
(If outside city or town limits, write "RURAL")
(d) Street No. N. Ripley St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 7
year 1939 hour 3 minute 10 A.M.
21. I hereby certify that I attended the deceased from May 7, 1939
to August 7, 1939
that I last saw her alive on Aug 7 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-carcinoma of the lymph glands with metastasis to the right lung, liver and left lung.

Due to _____
Due to 52

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 [Signature] M. D. (Seal)
Address Neesho Mo Date signed 8/7/39

Duration Unknown
PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

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.

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.....

Donald Reed....., Registered Apprentice No. 202
working under my personal supervision.

Signed J. B. [Signature]

Licensed Embalmer No. 3689

P. O. Address Moock 15th

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.