

Registration District No. 20

Primary Registration District No. 3034

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
805 Monroe
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Clifford Carver

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-05-8122

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 3rd 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 - 12 hr. min.

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

10. Usual occupation Caller 0

11. Industry or business Wabash R. R. 9

MOTHER FATHER { 12. Name George Carver
 { 13. Birthplace Mo
(City, town, or county) (State or foreign country)
 { 14. Maiden name Nannie T. U. V. N. E. V.
 { 15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Howell
 (b) Address Moberly, Mo

17. (a) _____ (b) Date thereof Oct 17th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
 (b) Address Moberly, Mo

19. (a) Oct 17 40 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Moberly
(If outside city or town limits write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15th
 year 1940 hour _____ minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1
 _____, 1940, to Sept 15, 1940
 that I last saw him alive on Oct 10, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coriatic Allat 1 min
Duration

Due to Chronic Myocarditis
hypertension
 Due to _____

Other conditions A2C
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
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? _____

925
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature H. G. G. G. (M. D. or other) _____
 Address Moberly, Mo Date signed 10/27/40

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank D DeWitt

Licensed Embalmer No. *3021*

P. O. Address..... *Moberly 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, above space should be left blank.

Registration District No. 14735

Primary Registration District No. 3034

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County. Randolph
(b) City or town. Moberly
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Clifford Carver

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 39 Months 12 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Oct 17 - 1940 (b) Seal K. Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 10 day 18 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 H. C. Griffith (M.D. or other) _____

Address Moberly, Mo. Date signed _____

