

REG MAR 17 1941 421

Registration District No. _____

Primary Registration District No. 5575

Registrar's No. 16

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Herculaneum
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1941 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 25,
_____ 1941, to _____ 1941;
that I last saw h. i. m. alive on Feb 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1 1/2

Due to Myocarditis thrombotica 3 yrs

Due to Asthma 2 yrs

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

Major findings: _____
Of operations None

Of autopsy None

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?
392 (Specify type of place)
While at work? _____ (Means of injury)

23. Signature Arnett (M. D. or other) _____
Address Herculaneum Mo Date signed 2/27/41

3. (a) PRINT FULL NAME William E Carvey

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-03-9166

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

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

7. Birth date of deceased Mar 29 1887
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>53</u> | <u>10</u> | <u>27</u> | hr. _____ min. _____ |

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

10. Usual occupation Leadworker

11. Industry or business _____

12. Name George Carvey

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

14. Maiden name Unknown

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

16. (a) Informant Erwin C. Carvey

(b) Address Herculaneum Mo

17. (a) Burial (b) Date thereof Mar 2 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Mo

18. (a) Signature of funeral director Dexter Vinard

(b) Address Featers Mo

19. (a) Mar 2 41 (b) J. E. Rutledge
(Date received local registrar) (Registrar's signature)

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.....

A. H. W. [Signature]

Licensed Embalmer No..... *3010*

P. O. Address.....

Festus 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, fact should be so stated above.