

FILED NOV 9 1942

Registration District No. 126

Primary Registration District No. 5463

39  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **CAREFREE**

(a) County: **Fair Grove**

(b) City or town: **Fair Grove**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1215 No 11 Jackson Miss**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **9 1/2 yrs - 2 1/2 days**  
Specify whether In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene**

(c) City or town: **Fair Grove**  
(If outside city or town limits, write "RURAL")

(d) Street No.: **R 215 No 11**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country: **0**

3. (a) PRINT FULL NAME: **John A. Carvin**

3. (b) If veteran, name war: **no**

3. (c) Social Security No.: **no**

4. Sex: **M. 0**

5. Color or race: **w**

6. (a) Single, widowed, married, divorced: **Widow**

6. (b) Name of husband or wife: **0**

6. (c) Age of husband or wife if alive: **0** years

7. Birth date of deceased: **September 8, 1891**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>71</b>	<b>0</b>	<b>28</b>	hr. min.

9. Birthplace: **Park Co Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **Retired buyer**

12. Name: **Wm B. Carvin**

13. Birthplace: **Bedford Co Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Laura A. Patton**

15. Birthplace: **Tallas Co Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **J. B. Carvin**

(b) Address: **R 1 Fair Grove Mo**

17. (a) (Burial, cremation, or removal): **burial**

(b) Date thereof: **Oct 7-1942**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Union Grove cemetery**

18. (a) Signature of funeral director: **Alfred Ingwers**

(b) Address: **Stampsfield Mo**

19. (a) (Date received local registrar): **Oct 6 1942**

(b) (Registrar's signature): **Carla Adams**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Oct** day: **6**  
year: **1942** hour: **2** minute: **0** - **A.M.**

21. I hereby certify that I attended the deceased from **9/22-42** to **1942**

that I last saw him alive on **Sept 27** 19**42**

and that death occurred on the date and hour stated above.

Immediate cause of death: **tuberculosis**

Due to: .....

Due to: **61**

Other conditions: **61**  
(Include pregnancy within 3 months of death)

Major findings: **no**

Of operations: **no**

Of autopsy: **no**

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

23. Signature: **Alfred Ingwers** (M. D. mother)

Address: **Fair Grove Mo** Date signed: **10/6-42**

RECEIVED

Greene County Health Office,

County File Number 42-11-9-3

Date Filed 11/7/42

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

*Roy A. Cairns*

Licensed Embalmer No. 1763

P. O. Address Springfield 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.