

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville Route 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullen Drug
(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

3. (a) PRINT FULL NAME James William Carver

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 22 1898
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Labrgr.

11. Industry or business

12. Name Ade Carver
13. Birthplace Montgomery Co Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Sarah J Carver
15. Birthplace Montgomery Co Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant John Carver
(b) Address Waynesville Route 2
17. (a) Burial (b) Date thereof 12 2 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cracker

18. (a) Signature of funeral director J. L. Hooks & Sons
(b) Address Cracker, Mo.
19. (a) 12-10-1942 (b) Chas M. Ord
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Waynesville Route 3
(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? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st year 1942 hour 7 minute 30 p.m.
21. I hereby certify that I attended the deceased from Oct. 7 1942 to Nov 1 1942
that I last saw him alive on Nov. 3 and that death occurred on the date and hour stated above.
Immediate cause of death Congestive Heart Failure

Due to Decompensation of Heart
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93e

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 R O DeWitt (M. D. or other) DO
Address Waynesville Mo Date signed 12-2-42

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

RECEIVED

Pulaski County Health Officer

File Number 12-42-214-44

Date Filed 12-31-42-44

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 Paul B. Hoops

Licensed Embalmer No. 3261

P. O. Address Waynesville 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.