

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **329**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **5 days** (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **3**

(c) City or town..... **Kirkville, Mo.** **3 N.R.**
(If outside city or town limits, write "RURAL")

(d) Street No..... **S. Halliburton**
(If rural, give location)

(e) Citizen of foreign country?..... **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Joseph Earl Carver**

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

3. (c) Social Security No.....

4. Sex..... **Male**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Venice**

6. (c) Age of husband or wife if alive..... **48** years

7. Birth date of deceased..... **2** / **7** / **1892**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	11	5 hr. min.

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

10. Usual occupation..... **Farming**

11. Industry or business.....

MOTHER FATHER

12. Name..... **B. O. Carver**

13. Birthplace..... **Osgood Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Alice Callahan**

15. Birthplace..... **Osgood Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Venice Carver**

(b) Address..... **Kirkville Mo.**

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

(b) Date thereof..... **1-13-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Kampground, Missouri**

18. (a) Signature of funeral director..... **Walter A. Sons**

(b) Address..... **6175 Delmar Blvd.**

19. (a) **JAN 12 1943** (Date received local registrar)

(b) **J. F. Bradick** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **12**
year **1943** hour **6:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 7** 19**43** to **Jan 12** 19**43**
that I last saw him alive on **Jan 12** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Suffocation, measure of**

Due to..... **Tumor of mediastinum** ? 10 mos.

Due to..... **No malignancy**

Other conditions..... **GI**
(Include pregnancy within 3 months of death)

Major findings: **Tumor of mediastinum**

Of operations.....

Of autopsy..... **Tumor of mediastinum**

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..... **J. R. Bradley** (M. D. or other)

Address..... **BARNES HOSPITAL**

Date signed..... **1/12/43**

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.....

Jose E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address.....

6175 Delmar

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.

St. Louis MO