S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2915

State File No.

FILED FEB 5 1943

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 48

72
6
0

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town portageville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72 6 0
(c) City or town portageville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joe Carvin Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Colored
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 Nov- (Month) 11- (Day) 1942 (Year)

8. AGE: Years Months 2 Days 6 If less than one day hr. min.

9. Birthplace portageville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business None
FATHER
12. Name Joe Carvin
13. Birthplace Mabon (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Minerva Davis
15. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Joe Carvin
(b) Address portageville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation portageville
18. (a) Signature of funeral director Noel C. Dean
(b) Address portageville Mo.
19. (a) Jan-16-43 (Date received local registrar) (b) Edith Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan- day 17 year 1943 hour 5 minute A M.
21. I hereby certify that I attended the deceased from ✓ 19 to ✓ 19 ; that I last saw h ✓ alive on ✓ 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death No Medical Attendant by all record death was
Due to due to suffication by Covers while in bed
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.

182.2
16

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 072
(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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Leo Hedenpeth Deputy Coroner (M. D. or other)
Address New Madrid Mo. Date signed 1/18-43

1187

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 243-145
Date Filed 2-3-43

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 not .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.