S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17374

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 45-1

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1108 North 2nd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DELCIA ALVINA CARVER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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 March (Month) 7 (Day) 1924 (Year)

8. AGE: Years 19 | Months 1 | Days 29 | If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Carver
13. Birthplace Wathena (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Lydia M. Beam
15. Birthplace Plattsmouth (City, town, or county) Nebraska (State or foreign country)

16. (a) Informant Mr. John Carver
(b) Address St. Joseph, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Register Cemetery

18. (a) Signature of funeral director Heaton Bettole & Bowman
(b) Address St. Joseph, Mo.

19. (a) May 8 1943 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

1233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1943 hour 2 minute 40 A M.

21. I hereby certify that I attended the deceased from 5-6-43 ~~5-7~~ 19 to 5-7 1943 that I last saw her alive on 5-6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Rheumatic Endocarditis c̄ Mitral Stenosis; decompensated

Due to

Due to

Other conditions none
(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.

58b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold J. Brumm (M. D. ~~or other~~)

Address St Joseph Mo Date signed 5-7-43

(Licensed Embalmer's Statement on Reverse Side)

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address St Joseph 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.