

U. S. No. 2
FORM-5-42
Rev. 5-17-39
P-1 X32873

32250

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 300

FILED SEP 28 1943

Registration District No. 274

Primary Registration District No. 302

80
6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
210 1/2 E. 2nd
(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 (Specify whether)

3. (a) PRINT FULL NAME Dave Carver

3. (b) If veteran, name war _____ 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 Nellie 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 21 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Henry Carver

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

14. Maiden name Lucy Todd

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

16. (a) Informant Ernest Carver

(b) Address Sedalia Mo 11.32 Rm

17. (a) Burial (b) Date thereof 9-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Missouri

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 9/21/43 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 210 1/2 E. 2nd
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/20/43 day _____ year _____ hour 9 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1-43 to 9/20/43, 19____; that I last saw her alive on 9-15-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Right Hemiplegia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Sedalia Date signed 9/21/43

1022

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

9-27-43

SEP 30 1943

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

Robert W Reed

Licensed Embalmer No.

3745

P. O. Address

Sedalia 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.