

FILED DEC 11 1944
Registration District No. 43

Primary Registration District No. 3007

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

12
7
3

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution:
LUCY LEE D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WAYNE

(c) City or town MILLS SPRING 111
(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 _____

3. (a) PRINT FULL NAME JAMES MATHEWS CARVER

3. (b) If veteran, name war C

3. (c) Social Security No. C

4. Sex MALE 5. Color or race WHITE D

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 OCT 26 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 26 1944 to Nov. 20 1944
that I last saw him alive on Nov. 20 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

26 hr. _____ min.

Immediate cause of death

Broncho pneumonia 4 days

Due to Atelectasis 26 days

Due to Pneumature (6 mo)

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace MILLS SPRING MO D
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name ORVILLE F. CARVER

{ 13. Birthplace MILLS SPRING MO D
(City, town, or county) (State or foreign country)

{ 14. Maiden name KARLE CLARA MOSS

{ 15. Birthplace MILLS SPRING MO D
(City, town, or county) (State or foreign country)

16. (a) Informant RAEHEL CLARA CARVER

(b) Address MILLS SPRING MO

17. (a) BURIAL (b) Date thereof Nov 23 1944
(Burial, cremation, or removal) (Month), (Day), (Year)

(c) Place: burial or cremation MILLS SPRING MO

18. (a) Signature of funeral director N. W. Gish

(b) Address Quincy Mo

19. (a) 11-25-44 (b) Della Steiner
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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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 D. P. [unclear] (M. D. or other) _____

Address Poplar Bluff Mo Date signed 11/29/44

RECEIVED

District Health Office No. 2,

District File Number 1244-1597

Date Filed 12-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.