

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 22 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27220**
Registrar's No. **2.**

Registration District No. **93** Primary Registration District No. **4155**

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Everton, Mo
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Native of this County
years, months or days

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

3. (a) PRINT FULL NAME Alva Bekke Carbock
3. (b) If veteran, name war nil
3. (c) Social Security No. nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 29
year 1945 hour 6 minutes 35 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Carbock
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept 27 - 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23, 1945, to June 29, 1945, that I last saw her alive on June 28, 1945, and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 74 Months 7 Days 2
If less than one day hr. min.

Carcinoma of
Due to Liver
Due to

9. Birthplace Dade County, Mo
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation Housewife
11. Industry or business General Homekeeper

PHYSICIAN
Underline the cause to which death should be charged statistically.
H6K

MOTHER FATHER
12. Name T. J. Cantrell
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen York
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant William Carbock
(b) Address Everton, Mo

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof July 1 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Haupten Cemetery

(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) (e) Means of injury

18. (a) Signature of funeral director Gene A. Brim
(b) Address Walnut Fork, Mo
19. (a) 6-30-1945 (b) Phyllis Lock
(Date received local registrar) (Registrar's signature)

23. Signature T. J. Drisdell (M. D. or other)
Address Greenfield, Mo Date signed 6/30/45

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

RECEIVED
District Health Officer No. 6,
District File Number 845-907
Date Filed AUG 26 1945

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 Gene A. Brim

Licensed Embalmer No. 7664

P. O. Address Walnut Grove, 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.