

Registration District No. **84**

Primary Registration District No. **4147**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Cooper

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

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

(d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper **27**

(c) City or town Bunceton **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Matilda Carver

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1945 hour 9 minute 30 p. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lugene Carver

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Sept. 27 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2nd 1945 to Dec 12th 1945
that I last saw her alive on Dec 12 1945
and that death occurred on the date and hour stated above.

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

70 1 17 hr. min.

Immediate cause of death Diabetes Mellitus

Duration 20 years

Due to Age

9. Birthplace Morgan County, Mo. **0**
(City, town, or county) (State or foreign country)

Other conditions Diagnose of heart attack
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy 61

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

11. Industry or business _____

MOTHER FATHER { 12. Name John McDaniel

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Porter

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Carver

(b) Address Macon, Mo.

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? _____

17. (a) Burial (b) Date thereof 12-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director L. G. Parker

(b) Address Bunceton, Mo.

23. Signature J. E. Elliott (M.D. or other) **17**

Address Bunceton Date signed Dec 13 1945

19. (a) 12-17-45 (b) Nellie Mullett
(Date received local registrar) (Registrar's signature)

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

27
0
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-14-1945

JAN 16 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.....

working under my personal supervision.

myself

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

Signed.....

Licensed Embalmer No. 2547

P. O. Address Hamlet, 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.