S. No. 2
M—5-43
. 5-17-39
• I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23535

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 3164

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of the Poor 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo (Specify whether years, months or days)
In this community 50 yrs 1 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 3344 Baltimore 5 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Carville
3. (b) If veteran, name war no
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 January (Month) 30 (Day) 1866 (Year)
8. AGE: Years 80 Months 5 Days 19 If less than one day hr. min.
9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name John Carville
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Helen Rock
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant J. J. Theile
(b) Address 5331 Highland ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvary KCK
18. (a) Signature of funeral director J. C. Shepp
(b) Address K. C. Mo
19. (a) 7-20-46 (Date received local registrar) (b) Geraldine Helm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1946 hour 2 minute a. M.
21. I hereby certify that I attended the deceased from July 16 1946 to July 19 1946 that I last saw him alive on July 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 days
Due to Arteriosclerosis	years
Due to Hypertension	years
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations no	
Of autopsy no	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John T. Skinner (M. D. or other) MD
Address 1107 Brand ave. KCMO Date signed 7-19-46

(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.....John R. Shell.....

Licensed Embalmer No.....3625.....

P. O. Address.....T. B. Md.....

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.