

Registration District No. 70

Primary Registration District No. 4124

Registrar's No. 47

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Kahoka
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clark 23
(c) City or town Kahoka (If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry S. Carver
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary E. Gilgren 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased Feb 18th 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 21
If less than one day hr. _____ min. _____

9. Birthplace Osceola Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Shoemaker

11. Industry or business
12. Name John J. Carver
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Amaseth Peters
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant William Carver
(b) Address Peoria Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Frank Charles
(b) Address Kahoka Mo.
19. (a) 8/13-48 (Date received local registrar) (b) J. M. Ruggs (Registrar's signature) 61

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month Aug. day 9th year 1948 hour 13 minute 45 P.M.
21. I hereby certify that I attended the deceased from 3:43 P.M. Aug 9 1948 to 3:45 Aug 9 1948
that I last saw h. alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure
Due to Chronic myocarditis several years

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 93D
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 J. M. Ruggs (M. D. or other) Aug 12 48
Address Kahoka Date sig _____

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

MOTHER FATHER

Handwritten notes and scribbles, possibly including "18-19" and "1948".

RECEIVED

District Health Officer No. 10

District File Number 8-48-144

Date Filed AUG 16 1948

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 Fred. J. Karel

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.