

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7142

FILED MAR 5 1949

State File No.

Registration District No. 377

Primary Registration District No. 6161

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Flat Creek, Rural
(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 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stone 104
(c) City or town Rural (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 0

3. (a) PRINT FULL NAME CAROL CARVER

MEDICAL CERTIFICATION

3. (b) If veteran, name war: 3. (c) Social Security No.

20. DATE OF DEATH: Month Jan day 18 1949
year 11 hour 11 minute 0 M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from Jan 18/1949
to Jan 18 1949
that I last saw her alive on Jan 18 1949
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive 20 years (Day) (Year)
7. Birth date of deceased Jan 20 1942 (Month) (Day) (Year)

Immediate cause of death Convulsions + Coma
Due to Acute Indigestion Duration 1 day

8. AGE: Years 6 Months 11 Days 28 If less than one day hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations NO

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

Of autopsy
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?

10. Usual occupation none

11. Industry or business:

12. Name Ross Carver

13. Birthplace MO (City, town, or county) (State or foreign country)

14. Maiden name Gracie MILLER

15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Ross Carver

(b) Address Reeds Spring Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1949 (Month) (Day) (Year)

(c) Place: burial or cremation Yocum Road

18. (a) Signature of funeral director Ernest J. Cheatham

(b) Address Salinas Mo

19. (a) Jan 22 49 (Date received local registrar) (b) Gene Murray (Registrar's signature) (Date)

While at work? (Specify type of place) (c) Means of injury 0
23. Signature L.S. Shucmate (M. D. or other) MO
Address Reeds Spring Mo Date signed 1/19/49

MOTHER FATHER

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

RECEIVED

District Health Officer No. 6

District File Number 349-205

Date Filed 3-3-49

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 *Eurett J. Cheatham*
Licensed Embalmer No. 3870
P. O. Address *Salena Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.