

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

79-036864

FILED VS OCT 21 1959
REGISTERED

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 49

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison				
b. CITY (If outside corporate limits, give TOWNSHIP only) Fredericktown		Length of stay in 1b 3 years		c. CITY OR TOWN Fredericktown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1202 High Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1202 High Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Benjamin Middle Franklin Last Carver				4. DATE OF DEATH Month October Day 11 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-14-1888	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nova Scotia, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME William Wesley Carver			13b. MOTHER'S MAIDEN NAME Jennie Merrit			14. NAME OF HUSBAND OR WIFE Rose Carver		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO.		17. INFORMANT Address Alva McCarver - Fredericktown, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>rupture of aortic aneurism</u> DUE TO (b) <u>aneurism of arch of aorta</u> DUE TO (c) <u>arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>immediate death</u> <u>several years</u> <u>90 years</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>Oct 8, 1959</u> to <u>Oct 11, 1959</u> and last saw ^{her} him alive on <u>October 10, 1959</u> Death occurred at <u>12:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Bennett P. Wheeler DO</i>				22b. ADDRESS Fredericktown, Missouri		22c. DATE SIGNED 10-12-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park		23d. LOCATION (City, town, or county) (State) Madison County, Missouri			
24. FUNERAL DIRECTOR ADDRESS <i>J.T. Adamson</i> Fredericktown, Mo.			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>FLORENCE HUBB</i> <i>Lucille Watson</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

69617 DEC 14 1959
DEC 10 1959

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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