

3. No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27465
Registrar's No. 159

FILED SEP 8 1945
Registration District No. 137

Primary Registration District No. 421-3-5518

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town MONROSE-WALKER-TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days) 70 year

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry #7
(c) City or town Monrose Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Walker Sup. ?
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Canada

3. (a) PRINT FULL NAME CATHERINE CARVER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 6
year 1945 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from 7:45
8:7:45 19. to 8:7:45 19.
that I last saw her alive on 7-10-45
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife JEFFERSON LEE CARVER
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased APRIL 12 1865
(Month) (Day) (Year)

Immediate cause of death Concussion of stomach & liver secondary
Duration

8. AGE: Years Months Days If less than one day
80 3 24 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name MICHAEL BUCKLEY

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

14. Maiden name ELLEN QUILLIGAN

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

16. (a) Informant W.E. Schmedding

(b) Address Monrose Mo. P.H. 1

17. (a) Burial (b) Date thereof Aug 8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewell Cem

18. (a) Signature of funeral director J. H. Vansant

(b) Address Clinton Mo

19. (a) Aug 7th (b) Myrtle Browder
(Date received local registrar) (Signature)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Aug 8 1945 (M.D. or other)
Address CLINTON-MO Date signed 8-7-45

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

RECEIVED

District Health Officer No. 71

District File Number 8245-904

Date Filed 9-6-45

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

W. J. Varsant

Licensed Embalmer No.

3779

P. O. Address

Clinton

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.