

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

25449
Do not use this space.

1. PLACE OF DEATH *Neckery 1*

(a) County *Neckery* Registration District No. *359 4212*

(b) Township *Waublean Mo* Primary Registration District No. *5504* Registered No. _____

(c) City *Waublean Mo* (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Sarah Emeline Carver 616*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *fm* 4. COLOR OR RACE *wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Carver*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 11, 1869*

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<i>68</i>	<i>7</i>	<i>18</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER

13. NAME *John W Fold*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MOTHER

15. MAIDEN NAME *Martha Harpam*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arkansas*

17. INFORMANT (ADDRESS) *Joe LaRue
Berets Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *King's Prairie* DATE *7/31 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *JR Lucker
Wheatland Mo*

20. FILED *Aug 9*, 19 *8* *Tuscaloona*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *7/26/38*, 19, to *7/29/38*, 19, I last saw him alive on *7/29/38*, 19. Death is said to have occurred on the date stated above, at *8:00 p* m.

The principal cause of death and related causes of importance were as follows:

*Strangulated Hernia
Operation, Gangren
Gut with a
Necrosis*

Date of onset _____

Other contributory causes of importance: *12 1/2*

Name of operation *Strangulated Hernia* Date of _____

What test confirmed diagnosis? *Specimen* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* Date of injury _____, 19
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *Dr. Harry R. Taylor*
Waublean Hospital
3-21 (Address) _____

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,

JR Luckey

, or by

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

Signed

JR Luckey

Licensed Embalmer No.

2987

P. O. Address

Wheatland

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20-449

Do not use this space.

1. PLACE OF DEATH

(a) County Nickerson Registration District No. 359
(b) Township Wearbleau Primary Registration District No. 4217 Registered No. _____
(c) City Wearbleau (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Emaline Carver

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 7 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 9 19 35 Jana V. Owens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Harry B. Taylor, M. D.

(Address) Wearbleau Mo

