REC'D SEP 19 1939

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

28517
Do not use this space.

1. PLACE OF DEATH
(a) County Bates
(b) Township ~~Mt Pleasant~~
(c) City Butler
Registration District No. 50
Primary Registration District No. 3004
Registered No. 44
(d) Street No. Butler Memorial Hosp 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 616 Joe Lee Carver
(a) Residence, No. 104 E Pleasant Butler Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-9-1937
7. AGE YEARS 1 MONTHS 9 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

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. None -
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) Adrian Mo. Bates Co. 0

FATHER
13. NAME Everett Carver 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urich Mo. 0

MOTHER
15. MAIDEN NAME Josephine C. Shelton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Mo.

17. INFORMANT (ADDRESS) Everett Carver Butler, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crescent Hill DATE Aug 29 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Creath & Six Adrian
20. FILED Aug 29, 1939 Nina L Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1939, to Aug 28, 1939
I last saw him alive on Aug 28, 1939. Death is said to have occurred on the date stated above, at 4:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Diphtheria	8-25-39

Other contributory causes of importance: 10

Name of operation Tracheotomy Date of 8-27-39
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) A G Woolbridge, M. D.
53 (Address) Butler, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1331
Date Filed 9-12-39

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, and Fred T Cereath # 3343, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. A. Six

Licensed Embalmer No. 3650

P. O. Address Adrian 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, above space should be left blank.