No. ..
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

DEC 11 1940

State File No. 38661

Registration District No. 294 Primary Registration District No. 409k Registrar's No.

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years. 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Central Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary E Carver.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race 1
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Carver
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Apr. 22 (Month) 185-3 (Day) (Year)

8. AGE: Years 87 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Jefferson Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business At Home
FATHER
12. Name John A White
13. Birthplace U.S.A. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Malinda Stroup
15. Birthplace U.S.A. (City, town, or county) (State or foreign country)
16. (a) Informant Kate Grisham
(b) Address St Clair
17. (a) Morrelton Cemetery (Burial, cremation, or removal) (b) Date thereof 11/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation Morrelton Mo.
18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair Mo.
19. (a) Dec. 9, 1940 (Date received local registrar) (b) H. H. Dockworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1940 hour 12 minute P. M.
21. I hereby certify that I attended the deceased from June 15, 1935 to Nov. 25, 1940 that I last saw her alive on Nov. 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis deformans — Duration 5 Years
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 57 N
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Kitchell (M. D. or other)
Address St. Clair Date signed 11/26

(Licensed Embalmer's Statement on Reverse Side)

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.....Sherwood Kitchel

Licensed Embalmer No.....3873

P. O. Address.....St. Clair, M

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

If this body is not embalmed, above space should be left blank.