

Rev. 5-17-39 I X1951

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3040

Registration District No. 416

Primary Registration District No. 55-71B

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Reeds
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Reeds
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Hubert Carwile

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19 year 1941 hour 19 minute 20 M.

21. I hereby certify that I attended the deceased from January 17, 1941, to January 19, 1941;
that I last saw him alive on January 18, 1941;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color of race A

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive Dead years _____

7. Birth date of deceased: July 7 1892
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Due to Chronic Myocarditis

Due to _____

Other conditions Basal Abscess Lung 2 yrs. 1938

8. AGE: Years 48 Months 11 Days 12
If less than one day hr. mth.

9. Birthplace Gleedean Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Cafe Operator

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

MOTHER FATHER

11. Industry or business _____

12. Name Mr. Carwile

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

14. Maiden name Melissa Addins

15. Birthplace Union Star Ky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gene Heubman

(b) Address Reeds Mo

17. (a) Burial (b) Date thereof 1/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoph Mo

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? _____

18. (a) Signature of funeral director Roland C Engelage

(b) Address Sarcoph Mo

19. (a) Jan 21-1941 (b) Mrs Lornal Broadway
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work _____ (d) Means of injury _____

23. Signature Gene Heubman (M. D. or other) _____
Address Reeds Mo Date signed 1/20-41

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.....

Licensed Embalmer No. 946

P. O. Address Ma Vernon,)

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.