

S. No. 2
4-13-40
7-5-17-39
I X23159

State File No. 777

150 MAR 14 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

48
33
8

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 14 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

(c) City or town Orick 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

3. (a) PRINT FULL NAME Ida Mae Carver

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 23rd year 1941 hour 10 minute 50 a.m.

21. I hereby certify that I attended the deceased from Feb. 14, 1941, to Feb. 23, 1941;
that I last saw her alive on Feb. 23, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Roy Carver 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased June 21 1917
(Month) (Day) (Year)

Immediate cause of death acute pyelitis and appendicitis Duration 14 days

Due to Generalized peritonitis

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

8. AGE: Years 23 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Roy Marshall

13. Birthplace Cowgill, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Louise Steina

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Drainage of peritoneal cavity

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Marshall

(b) Address Cowgill, Mo.

17. (a) removal (b) Date thereof 2 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill, Mo.

18. (a) Signature of funeral director Thurman Sweet Home

(b) Address Beckman, Mo.

19. (a) 23/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 Paul F. Hunt (M. D. or other) M.D.
Address 4243 W. 13299 Date signed 2-23-41

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.....

P. O. Address.....

Notes: 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.