S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33948

Registration District No. 160 Primary Registration District No. 2030 5892 Registrar's No. 96

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: Festus, R.F.D. # 1 Joachim
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South of Festus, Highway 25 3
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

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

(d) Street No.: South of Festus, Highway 25
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Martha Carver Dukovich

3. (b) If veteran, name war

3. (c) Social Security No. 514-22-4593

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Milo Dukovich

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: March (Month) 15 (Day) 1910 (Year)

8. AGE: Years 36 Months 7 Days 4 If less than one day hr. min.

9. Birthplace: Huntsville, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Packer

11. Industry or business: P.P.G.Co.

FATHER
12. Name: Lee Carver
13. Birthplace: Huntsville, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Nellie Sims
15. Birthplace: Huntsville, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mildred Dukovich
(b) Address: Festus, Mo. R.F.D. # 1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Kansas

18. (a) Signature of funeral director: Fink Funeral Parlors
(b) Address: Festus, Mo.

19. (a) Oct 22 1946 (Date received local registrar) (b) Clara Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1946 hour 11 minutes 30 P.M.

21. I hereby certify that I attended the deceased from / 19, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Verdict of Coroner's Jury

Due to: Death from a Crushed Chest as findings indicate. Received

Due to: from falling & snapping trailer with an Automobile.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 3
Of autopsy: 10 2

Duration

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): Accident
(b) Date of occurrence: Oct 19th 1946
(c) Where did injury occur? Highway #25 & M.R.R. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury: Automobile

23. Signature: T. B. Edwards (M. D. or other) Coroner
Address: Cedar Hill, Mo. Date signed 10/20/46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10/25/46

FEB 6 1947

DEC 10 1946

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 Eleanor Provine

Licensed Embalmer No. 3403

P. O. Address Testus 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, fact should be so stated above.