

S. No. 2
M-12-45
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12928
Registrar's No. 48

FILED APR 22 1947

Registration District No. _____ Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County COPPER

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

(c) Name of hospital or institution ST JOSEPH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN 71

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME MAUDE F. CARVER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 25
year 1947 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from
March 13, 1947, to March 25, 1947;
that I last saw her alive on March 24, 1947,
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife JOHN CARVER

6. (c) Age of husband or wife if alive _____ years
2 years 1890

7. Birth date of deceased JULY
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 13 days

Due to Chronic glomerular nephritis 1 + yrs.

Due to _____

Other conditions Hypertension 1 + yrs.
(Include pregnancy within 5 months of death)

8. AGE: Years Months Days If less than one day

50 8 23 hr. min.

9. Birthplace Morgan Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name LATH PHILLIPS 0

13. Birthplace MORGAN CO. MO
(City, town, or county) (State or foreign country)

14. Maiden name NO RECORD

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

Major findings: 131B

Of operations _____

Of autopsy _____

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

16. (a) Informant JOHN CARVER

(b) Address VERSAILLES MO

17. (a) REMOVAL (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES MO
St. F. Church

18. (a) Signature of funeral director St. F. Church

(b) Address VERSAILLES MO

19. (a) 3-27-47 (b) DeHooper
(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 0

23. Signature W.H. Ziegler (M. D. or other) M.D.
Address Boonville Mo. Date signed 3-27-47

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

4-15-47

APR 17 1947

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

J. T. Keck

Licensed Embalmer No.

1546

P. O. Address

Versailles 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.