

No. 2
-1/47
5-17-39

44326

State File No.

National Office of Vital Statistics
FILED JAN 26 1948

Registrar's No.

Registration District No. 1576

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 1720 Glover /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 years (Specify whether years, months or days)

In this community, 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1720 Glover
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hal S. Carver

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1947 hour 9 minute 45 P. M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Daisy 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased June 27, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-29 1947 to 12-8 1947 that I last saw him alive on 12-8 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Right)

Due to Cardiovascular Renal Disease

Duration 1 mo

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

67 5 11 hr. min.

Due to.....

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

Major findings: Of operations 93 P

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

9. Birthplace Montgomery County, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation retired Lead worker

11. Industry or business Lead Smelter

12. Name William S. Carver

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

14. Maiden name Jennie Smitherman
Illinois

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

16. (a) Informant Daisy Carver
(b) Address 1720 Glover, Joplin, Mo.

17. (a) burial (b) Date thereof 12-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Missouri

19. (a) 12-12-47 (b) Walter Sampson
(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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

Signature Guy J. Murcutt (M, D. or other) MD

Address 401 Purico Bldg Date signed 12-10-47

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

19
2
5

49
2
5
0

47-12-1063
JUN 28 1948

MAP 2 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.