. S. No. 2
DM—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1948

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3003

State File No. 15363

Registrar's No. 35

**1. PLACE OF DEATH:**

(a) County Barry

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

(c) Name of hospital or institution:
St. Vencent Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community Entire life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Newton 13

(c) City or town Wentworth Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ROSA MAY FLORENCE CARVER

3. (b) If veteran, name war NO

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charles Day Carver

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

7. Birth date of deceased Jan (Month) 7 (Day) 1873 (Year)

8. AGE: Years 75 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Lawrence Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Harris Woods
13. Birthplace Not Known (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Amena Spillman
15. Birthplace Not Known (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Raymond Carver
(b) Address Wentworth, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 48 (Month) (Day) (Year)
(c) Place: burial or cremation Dry Valley

18. (a) Signature of funeral director Wilks Bros
(b) Address Pierce City, Mo.

19. (a) 5-1-48 (Date received local registrar) (b) W. M. West (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr day 24
year 1948 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to Apr 24, 1948; that I last saw her alive on April 24, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Femaral thrombosis | 36hrs |
| Due to Severe Atherosclerosis | ? |
| Due to | |
| Other conditions Bronchopnumonia (Include pregnancy within 3 months of death) | 6 days |

Major findings:
Of operations
Of autopsy

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)
(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 0

23. Signature F. L. Edwards (M. D. or other) MD
Address Pierce City Mo Date signed 5/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 548-581
Date Filed MAY 18 1948

JUN 1 5 1949

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~~ Edwin P. Wilks, Registered Apprentice No. ....., working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City, 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.**