2444

A.S.H. 34456907

State File No. 531

Registrar's No. 201

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Rural (If outside city limits also write RURAL) (c) Location Camp Laguna, Arizona (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 1 mo. (Specify whether years, months or days) ; in Arizona 1 mo.

2. Usual Residence of Deceased: (a) State No. Carolina ; (b) County Person ; (c) City or Town Roxboro (Rural) (If outside city limits also write RURAL)

(d) Street No. Route #1, Roxboro. ; (e) Citizen of foreign country (~~Yes or~~ No) No. If Yes, which country

3. (a) FULL NAME Carver, Claude Elbert (b) If Veteran name war None Social Security No. Unknown (If NONE write the word)

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

6. (b) Name of husband or wife None — 6. (c) Age of husband or wife, if alive None yrs.

7. Birthdate of deceased November 15, 1921 (Month) (Day) (Year) If less than one day hrs. min.

8. AGE: Years 21 Months 11 Days 24

9. Birthplace Roxboro, No. Carolina (City, town or county) (State or Country)

10. Usual Occupation Loom Repairer

11. Industry or Business Textile Mill.

Father: 12. Name unknown 13. Birthplace Roxboro No. Carolina (City, town or county) (State or Country)

Mother: 14. Maiden Name Bessie C. unknown 15. Birthplace Roxboro No. Carolina (City, town or county) (State or Country)

16. (a) Informant's own signature W.D.A.C.O. # 24.
(b) Address

17. (a) Burial, Cremation or Removal Removal (b) Place Roxboro N. C. (c) Date 10/23 1943

18. (a) Embalmer's Signature O. C. Johnson
(b) Funeral Director The O. C. Johnson mortuary
(c) Address Yuma arizona

19. (a) October 23 1943 (Date received local Registrar)
(b) Mary A. Wupperman (Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 20, 1943.
TIME (Hour and minute) 10:00 A.M.

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

Immediate cause of death Rupture of heart

Due to Traumatic Amputation of thigh (Left)

Due to Blast from a land mine.

Due to An accident.

Other conditions Perforation in ileum (Include pregnancy within 3 months of death)

Major findings: Multiple lacerations of skin. Fracture 7th rib, left; Perforating wound in chest, left; Fracture of base of skull, right.

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 October 20, 1943.
(c) Where did injury occur? Camp Laguna, Yuma Arizona (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In a military camp. (Specify type of place)
While at work? Yes (e) Means of injury Land mine.

23. Signature Paul R. Steed Capt M. C. M. D. Date signed Oct 21/43
Address 98th Evac. Hosp. Yuma, Arizona