

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6601
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb, Registration District No. 262
(b) Township..... Primary Registration District No. 4161 Registered No.....
(c) City Union Star, (d) Street No. Union Star, Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Daniel E. Carpenter, 615
(a) Residence, No. Union Star, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice M. Carpenter,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20, 1847</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>7</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer,</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm,</u>	
	10. Date deceased last worked at this occupation (month and year) <u>February 1910</u>	11. Total time (years) spent in this occupation <u>47</u>
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luray, Virginia,</u>	
	13. NAME <u>Lewis Carpenter,</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luray, Virginia,</u>	
	15. MAIDEN NAME <u>Elizabeth Varner,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luray, Virginia,</u>	
17. INFORMANT (ADDRESS) <u>Mrs D E Carpenter Union Star, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star, Mo.</u> DATE <u>Feb'y 24, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Frank A. Bowman Savannah, Mo.</u>		
20. FILED <u>Feb 23, 1938</u> <u>E M Reynolds</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Feb 22, 1938
I last saw him alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
Old Age.

Other contributory causes of importance:
Osteo Arthritis

Name of operation Cholec Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify E M Reynolds
(Signed)..... M. D.
(Address) Union Star Mo

STATEMENT BY LICENSED EMBALMER

I, Frank A. Downey, Licensed Embalmer No. 1710

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. E. Sumner

L. E. 3007

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank A. Downey

Licensed Embalmer No. 1710

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.)