

REC'D APR 11 1939

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

10121  
Do not use this space.

1. PLACE OF DEATH  
(a) County BUCHANAN Registration District No. 85  
(b) Township WASHINGTON Primary Registration District No. 1001 Registered No. 279  
(c) City ST. JOSEPH, MO. (d) Street No. 226 ALABAMA 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 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LUCY F. CARPENTER  
(a) Residence, No. 226 ALABAMA ST. 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES G.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 28, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
72 10 18

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as saw mill, bank, etc. HOME  
10. Date deceased last worked at this occupation (month and year) UNKNOWN 11. Total time (years) spent in this occupation UNK.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SANTA ROSA, MISSOURI

FATHER  
13. NAME JOSEPH H. PARKER,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KENTUCKY

MOTHER  
15. MAIDEN NAME MARY RHOADES,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SANTA ROSA, MISSOURI

17. INFORMANT (ADDRESS) MRS. BESSIE HULL, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. AUBURN CEM. DATE MARCH 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED MAR 18 1939 A. Neffle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from MARCH 12, 1939, to MARCH 16, 1939  
I last saw h. ER alive on MARCH 16, 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia  
Other contributory causes of importance: Influenza  
Name of operation None Date of ✓  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) H. A. Robertson, M. D.  
(Address) St. Joseph Mo

Date of onset about MAR 8 & 10 1939  
about 4 weeks 5-7h

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 \_\_\_\_\_

*John E. Ruff*

Licensed Embalmer No. \_\_\_\_\_

*3986*

P. O. Address \_\_\_\_\_

*St Joseph*

**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, above space should be left blank.**