

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

23037
Do Not use this space.

1. PLACE OF DEATH
 (a) County Randolph 1 Registration District No. 735
 (b) Township Moberly 1 Primary Registration District No. 3034 Registered No. 115
 (c) or City Moberly 1 (d) Street No. Wabash Employees Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lacy E. Carpenter
 (a) Residence, No. 615 Lacy St. Sturgeon, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lana Carpenter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 22

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1939

22. I HEREBY CERTIFY That I attended deceased from June 4 1939 to June 6 1939
 I last saw h.r.e.m. alive on June 6 1939. Death is said to have occurred on the date stated above, at 12:30 P.m.
 The principal cause of death and related causes of importance were as follows:
Concussion of Brain (Struck by automobile)
 Date of onset 6/4

Other contributory causes of importance:
Compound fracture of left tibia and fibula
 Date of onset 6/4

Name of operation Fracture set Date of 6/5
 What test confirmed diagnosis? Angiogram Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 6/4 1939
 Where did injury occur? Near Clark Missouri
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Highway
 Manner of injury Struck by automobile
 Nature of injury Concussion & fractured left leg

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Max E. Kassel, M. D.
 (Address) Wabash Employees Hospital
Moberly, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
 13. NAME Thomas Carpenter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Susan Neal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Willard Carpenter
 (ADDRESS) Sturgeon Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mo. Land DATE June 8 1939

19. FUNERAL DIRECTOR (NAME) Barnes & Baethle
 (ADDRESS) Sturgeon Mo

20. FILED June 8 1939 Leah Williams
 Local Registrar

RECEIVED

District Health Officer No. 10

District File Number 7-39-126
Date Filed JUL 12 1939

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.....

W. H. Hothe....., Registered Apprentice No. 131
working under my personal supervision.

Signed Reuben Ramos.....

Licensed Embalmer No. 2025

P. O. Address Sturgeon, 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, above space should be left blank.