

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

28631
Do not use this space.

DEC'D SEP 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1001
 (b) Township Primary Registration District No.
 (c) City St. Joseph (d) Street No. Mo. Meth. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME WILLIAM RAYMOND CARPENTER

(a) Residence, No. 2510 S. 16th. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22nd. 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Aug. 21st. 19 39

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1939, to Aug 21, 1939
 I last saw him alive on Aug 20, 1939. Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:

Congenital anomalies of distal intestinal tract
(1) Hypertrophic pyloric stenosis
(2) stenosis of ileum

Date of onset from birth 15 1/2

Other contributory causes of importance:

Intestinal obstruction from birth
Pyloroplasty (Rausted)

Name of operation Pyloroplasty (Rausted) Date of 8-10-39
 What test confirmed diagnosis? Op Was there an autopsy? Yes

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) S. B. Storer, M. D.
 (Address) St. Joseph, Mo.

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.
 13. NAME Floyd C. Carpenter
 14. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Lillian Carson
 16. BIRTHPLACE (CITY OR TOWN) Trenton (STATE OR COUNTRY) Mo.
 17. INFORMANT Mr. Floyd C. Carpenter (ADDRESS) 2510 S. 16th. St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug. 22nd. 1939
 19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.
 20. FILED Aug 21 1939 A. J. Neelbush Local Registrar.

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. Rupp

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.