

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

40213  
 Do not use this space.

1. PLACE OF DEATH *Madison 3*  
 (a) County *Madison 3* Registration District No. *538*  
 (b) Township *Jewel Mill 1* Primary Registration District No. *5726*  
 (c) City ..... (d) Street No. .... Registered No. *90*  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) death occurred in Hospital or Institution, write its name instead of street and number) St. (g) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Kernan Gerald Carpenter*  
 (a) Residence, No. .... 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 *school bag*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*11 6 9*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *School bag*  
 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 *2*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 10 - 1939*  
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 9*, 1939, to *Sept 10*, 1939  
 I last saw him alive on *Sept 9 - 3:30 P.M.* 1939. Death is said to have occurred on the date stated above, at *9:45* a.m.  
 The principal cause of death and related causes of importance were as follows:

*clothing caught on fire and burnt over 50 feet of skin surface and he inhaled the fumes and congested set up.*  
 Date of onset  
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co Mo.*  
 FATHER 13. NAME *Walter Carpenter*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co Mo.*  
 MOTHER 15. MAIDEN NAME *Birdie Spain*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Seco Mo.*  
 17. INFORMANT (ADDRESS) *Carpenter*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Seco Mo* DATE *Sept 12 1939*  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *none*  
 20. FILED *Dec 2 1939* *Sp Slaughter* Local Registrar.

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *Sept 9, 1939*  
 Where did injury occur? *at the church Madison Mo* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. *and party were away*  
 Manner of injury *spit turpentine on cloth and had strong cigarette in hand*  
 Nature of injury *spit turpentine on cloth*

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify *M.P. Barber* M. D.  
 (Signed) *Frederick St 1* (Address)

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 examined by me, \_\_\_\_\_

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

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

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

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

40213  
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538  
(b) Township Marionville Twp Primary Registration District No. 3726 Registered No. 90  
(c) City..... (d) Street No.....  
(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 Herman Gerald Carpenter

(a) Residence, No.                      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 S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 6 9

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

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

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 16 1940 S. C. Slaughter Registrar  
By A. A. Slaughter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1939

22. I HEREBY CERTIFY, That I attended deceased from                      to                     , 19                    

I last saw h.                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at                      m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation                      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                       
(Signed) M. B. Barber, M. D.  
(Address) Fredericktown, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

