DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 5 APR 12 1940 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9728

Registrar's No. 1162

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 25 Years.

Raymond J. Carpenter(one of same)

3. (a) PRINT FULL NAME RAY CARPENTER 615

3. (b) If veteran, name war World War

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary R. Wells Carpenter

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Mo. (Month) No Record. (Day) (Year)

8. AGE: Years 49 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business -------

FATHER
12. Name Alonza A. Carpenter
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha A. Peeks
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary R. Wells Carpenter

(b) Address 7116 Walnut Str., K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Dayton, Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster.

(b) Address 918 Brooklyn Avenue

19. (a) 3-14-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 7116 Walnut St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ___ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1940 hour 8 minute 25 A.M.M.

21. I hereby certify that I attended the deceased from 3-4-40, 19__, to 3-13-40, 19__; that I last saw him alive on 3-13-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Syphilitic aortitis with dissecting aneurysm and tracheal rupture	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

34

Major findings:
Of operations

Of autopsy See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. F. De Maria M.D. (M. D. or other)

Address Supt. K.C. Gen. Hospital Date signed 3-13-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address H.P. Md

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.