

Registration District No. 591

Primary Registration District No. 5789

Registrar's No. 6

1. PLACE OF DEATH:

(a) County. Montgomery  
 (b) City or town. Rural, Prairie Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Charles Country Carpet 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. Home  
(Specify whether years, months or days)  
 In this community. Three Years

8. (a) PRINT FULL NAME. Charles Louis Carpet 1013  
 8. (b) If veteran, name war. None  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Louisa Carpet 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. Jan 13<sup>th</sup> 1870  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>70</u>	<u>5</u>	<u>19</u>	hr. min.

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

10. Usual occupation. Farmer

11. Industry or business. General Duties

MOTHER FATHER  
 { 12. Name. Unknown 6  
 { 13. Birthplace. Germany 6  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name. Unknown  
 { 15. Birthplace. Germany 6  
(City, town, or county) (State or foreign country)

16. (a) Informant. Ed Carpet  
 (b) Address. Bellflower Mo R.F.D.

17. (a) Burial (b) Date thereof 7-3-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation. Lutheran Cemetery

18. (a) Signature of funeral director. Aland A. Jones  
 (b) Address. Bellflower Mo  
 19. (a) 4/3/40 (b) Alak Bigg  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Montgomery  
 (c) City or town. \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July day 2<sup>nd</sup>  
 year 1940 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from June 1, 1940, to July 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Stomach

Due to Generalized Arterio-sclerosis

Due to Secondary Anemia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence. none  
 (c) Where did injury occur? none  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no

521 While at work? no (Specify type of place) (e) Means of injury. no

23. Signature. E. J. T. Anderson, M.D. (M. D. or other) M.D.  
 Address Montgomery City, Mo Date signed 7/3/40

Duration

years

years

years

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

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.**