

Registration District No. 207Primary Registration District No. 4125-Registrar's No. 28-29

1. PLACE OF DEATH:

(a) County Clinton
 (b) City or town Plattsburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution H. B. Stoutman, Res.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
 In this community 72 yrs 6 mos 29 days
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Lula R. Carpenter

3. (b) If veteran,

name war

3. (c) Social Security

No. none4. Sex F5. Color or race W6. (a) ~~Single~~, widowed, married, divorced widow6. (b) Name of husband George H. Carpenter

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

7. Birth date of deceased

April21868

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

72629

hr. _____ min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

0

10. Usual occupation

House wife

11. Industry or business

12. Name W. H. H. Pulliam

13. Birthplace

Ky.

14. Maiden name

Sarah E. Mooney

15. Birthplace

Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. H. B. Stoutman

(b) Address

Plattsburg17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

11-2-1940

(Month) (Day), (Year)

(c) Place: burial or cremation

Springmont

18. (a) Signature of funeral director

J. J. Wynn

(b) Address

Plattsburg, Mo19. (a) Nov 2-1940

(Date received local registrar)

(b) Charles Kaitan

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
 (c) City or town Excelsior Springs, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 428 Concourse
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1st
 year 1940 hour 1 PM minute 00 M.

21. I hereby certify that I attended the deceased from Oct 29
 1940 to Nov 1, 1940

that I last saw him alive on Nov - 1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute hepatitis

Duration

4 days

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(g) 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. M. Stecker (M. D. or other) _____Address Plattsburg Date signed 11-2-40

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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

James L. Martin, Registered Apprentice No. _____
working under my personal supervision.

Signed

James L. Martin

Licensed Embalmer No.

860

P. O. Address

Plattsburgh

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.

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35-108**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **207**

Primary Registration District No. **4125-**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Clatsop**
(b) City or town **Plataburg**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(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.

3. (a) PRINT FULL NAME **Lula K. Carpenter**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **29** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **1** year **1990** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Acute nephritis**
Comp. ureterum
Was in previous course when I saw her,
Went back and
about 4+

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations **12D**
Of autopsy _____

Duration
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? _____

While at work? (Specify type of place) _____ Means of injury _____

23. Signature **OM Stekman** (M. D. or other) **MD**
Address **Plataburg Mo** Date signed **12-12**

SUPPLEMENTAL

