No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17802

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 381

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (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 Missouri (b) County Greene 39
(c) City or town Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No. 427 W. Kearney 6 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HELEN JOAN CARPENTER
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife Infant
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July (Month) 21 (Day) 1940 (Year)

8. AGE: Years 0 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business Infant
FATHER
12. Name Henry L. Carpenter
13. Birthplace Springfield Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Beulah L. Petty
15. Birthplace Marshfield Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Henry L. Carpenter
(b) Address 427 W. Kearney - City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Good Hope Cemetery
18. (a) Signature of funeral director J. W. Kingner & Co
(b) Address Springfield, Mo
19. (a) 5-7-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RJM

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1941 hour 3:15 minute 4 M.
21. I hereby certify that I attended the deceased from March 15th, 1941, to 5-5-41, 19__;
that I last saw her alive on 5-5-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Miliary Tuberculosis	2 mo.
Due to	
Primary Pulmonary Tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Miliary Tuberculosis	

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 Eug J. Schwartz M.D. (M. D. or other) 0
Address Springfield Mo. Date signed 5-5-41

(Licensed Embalmer's Statement on Reverse Side)

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 William Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Field

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.