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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Camp Holland building

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28332

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 684

FILED SEP 15 1941

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 2 days (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 039
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 8 Springfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John W Carpenter
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Carpenter
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased March (Month) 25 (Day) 1911 (Year)

8. AGE: Years 30 | Months 4 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Springfield (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name John L Carpenter
13. Birthplace Springfield (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Della Brown
15. Birthplace Stockton (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mary Carpenter
(b) Address RFD 8, Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Fred L Thieme
(b) Address 1100 Boonville Ave
19. (a) 8-23-41 (Date received by local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1941 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from June 28, 1941, to Aug 21, 1941; that I last saw him alive on Aug 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Embolism — Sudden Death
Due to Rheumatic Heart Disease
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:
(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 Francis B Reeves (M. D. or other) MD
Address Springfield Date signed Aug 23 41

984 (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 R H Chienne

Licensed Embalmer No. 3681

P. O. Address Springfield, M

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

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

X