DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34327

FILLED NOV 14 1941

Registration District No. 45

Primary Registration District No. 1001

Registrar's No. 993

X26390

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

1. PLACE OF DEATH:

(a) County Buchannan

(b) City or town St Joseph C.

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

(c) Name of hospital or institution: 310 South 22 nd, St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 40 Years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchannan

(c) City or town Saint Joseph

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

(d) Street No. 310 South 22 nd, St.

(If rural, give location)

(e) Citizen of foreign country? ..... (~~Yes~~ No)

If yes, name country .....

3. (a) PRINT FULL NAME Lottie Carpenter

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro.

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

6. (b) Name of husband ~~or wife~~ Geo. Carpenter

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. (Month) 14 (Day) 1879 (Year)

8. AGE: Years 61 ~~62~~ Months 9 ~~10~~ Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation Domestic Work

11. Industry or business Domestic Work

FATHER
12. Name Jim Hicks
13. Birthplace Glasgow Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hulda Collins
15. Birthplace Glasgow Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Martha Dunn

(b) Address 3424 Quincy Ave RC

17. (a) Bural (Burial, ~~cremation, or removal~~) (b) Date thereof 10/16/41 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland County

18. (a) Signature of funeral director Ramsey

(b) Address 1602 Messanie

19. (a) Oct. 16, 1941 (Date received local registrar) (b) H. C. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 13 day 1941

year ..... hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from 10-12, 1941, to 10-13, 1941

that I last saw her alive on Oct 13, 1941

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Hemorrhage	5 hrs
Due to Acute Gastritis	24 hrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None made	

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 Fenton N Goodson (M. D. or other) M.D.

Address 169 1/2 W Mo ave Date signed 10-16-41

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph

CASE X I

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address

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.

S. No. 2B
M [illegible]

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STANDARD CERTIFICATE OF DEATH

State File No. 34327

Registration District No. 85 Primary Registration District No. 1001 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Buchanan

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

(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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lottie Carpenter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 14, 1879 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 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

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1941 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 Gastric Hemorrhage acute gastritis

Due to

Due to Gastric hemorrhage but no malignancy.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 118:3

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed