No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41118

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4799

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

48
3
8

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
145 South Lawn Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 58 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

048
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(a) State Missouri (b) County Jackson

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

(d) Street No. 145 South Lawn Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME Mr. Charles B Carpenter

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-4575

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mayme G. Carpenter

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September (Month) 16 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	5	hr. min.

9. Birthplace Savannah (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Proof Reader

11. Industry or business Kansas City Star

FATHER
12. Name David B. Carpenter
13. Birthplace Savannah (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ada Spears
15. Birthplace Clarinda (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Mrs Mayme G. Carpenter
(b) Address 145 So. Lawn

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation D W Newcomers Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 12/23/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 12, 1941, to Dec. 21, 1941;
that I last saw him alive on Dec 21, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial exhaustion - chronic -	
Due to Bladder Neck Obstruction (Post-operative Stricture)	
Due to 137a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Reports 3 Trans-Urethral Prostatic Resections none while in our care
Of autopsy No

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 [signature] (M. D. or other) 0
Address 1019 Prog Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg.

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

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, fact should be so stated above.