

7. S. No. 2
DM-9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3358

FILED FEB 7 1942

State File No.

Registration District No. 761

Primary Registration District No. ~~4456~~ 6008

Registrar's No. 47

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Rural Osage Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Rural Osage Twp
(If outside city or town limits, write "RURAL"
(d) Street No. Osage Twp
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Edward Carpenter

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Stella Carpenter 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 18 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name John O Carpenter

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

14. Maiden name Mona Madden

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

16. (a) Informant John E. Carpenter

(b) Address Applegate

17. (a) Burial (b) Date thereof Jan 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmony Cem

18. (a) Signature of funeral director Fred Wickman

(b) Address Clinton

19. (a) Jan 28 42 (b) Allyne Davidson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1942 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 25 1941 to Jan 27 1941
that I last saw him alive on Jan 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease Duration 2 years

Due to 131b

Other conditions Chronic Nephritis 3 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations none Performed
Of autopsy none Performed
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 M. P. Bjerke (M. D. or other) MD
Address Rockville, Mo Date signed 1/28/42

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

13
0
0

1401

RECEIVED

District Health Officer No. 7;

District File Number 2-42-16

Date Filed 2-5-42

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.....

Licensed Embalmer No. 5478

P. O. Address..... Clinton, 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.