. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9522

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1033

048
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:
4426 Euclid 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 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4426 Euclid Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

3. (a) PRINT FULL NAME Mr. George Oscar Carpenter

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-0898

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mrs. Maude E. Carpenter

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

7. Birth date of deceased June (Month) 9 (Day) 1876 (Year)

8. AGE: Years 65 Months 9 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Guthrie County (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Claim Adjuster

11. Industry or business Richards-Conover Hdw. Co.

FATHER
12. Name O. F. Carpenter
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Rhoda Priscilla Lee
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mildred Carpenter
(b) Address 4426 Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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

19. (a) 3-13-42 (Date received local registrar) (b) M. M. Howe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from
Apr. 5, 1935 to 3-7-, 1942
that I last saw him alive on 3-7-42, 19--
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Myocardial infarction

Due to

Other conditions 9400
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy none

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) no
(b) Date of occurrence no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none (Specify type of place)
While at work? no (e) Means of injury no

23. Signature Guy E. Owen (M. D. or other)
Address 520 Prof. Bldg. Date signed 3-12-42
K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

n.C

Dr. Lucy C. Willens
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 W. Warren Simpson

Licensed Embalmer No. 3965

P. O. Address Ft. 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.