S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 10 1942

State File No. 11268

Registration District No. 532 Primary Registration District No. 5711 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural La Plata Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 0 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 061

(a) State Mo (b) County Macon 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? ✓ No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Wilbur Graves Carpenter

3. (b) If veteran, name war World

3. (c) Social Security No. 711-14-6742

4. Sex 0 M

5. Color or race W

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

6. (b) Name of husband or wife Ruth Carpenter

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Dec (Month) 21 (Day) 1886 (Year)

8. AGE: Years 55 Months 3 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Macon Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Clark Carpenter
13. Birthplace Macon Co Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Joella Graves
15. Birthplace Macon Co Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Emma Ruth Carpenter
(b) Address La Plata, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation La Plata

18. (a) Signature of funeral director D S Christie
(b) Address La Plata Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23 year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis (found dead)	
Due to HYPERTENSION	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death) 93	
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 March 23 - 1942
(c) Where did injury occur? LA PLATA (City or town) MACON (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm, in own home (Specify type of place)
While at work? no (e) Means of injury ✓ 3

23. Signature W. G. Edwards Coroner (M. D. or other)
Address Bevier Mo Date signed 3/23/42

1051

(Licensed Embalmer's Statement on Reverse Side)

555
0/42
HP

APR 13 1942 MAY 26 194 APR 22 1942

RECEIVED
District Health Officer No. 10
District File Number 4-42-670
Date Filed APR - 7 1942

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 D. S. Christie, Registered Apprentice No. ✓ working under my personal supervision.

Signed D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata

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.

U. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 532 Primary Registration District No. 5711 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Rural La Plata Mo
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon
(c) City or town: Rural La Plata Mo.
(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: Wilbur Graves Carpenter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
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 (Month) (Day) (Year)
8. AGE: Years Months Days 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) Mar. 25-1942 (Date received local registrar) (b) Ola B. Webber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25 year 1942 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	Duration
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

26 194

11268