

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1128 Byers /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
60 Yrs
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. 1128 Byers
(If rural, give location)

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

3. (a) PRINT FULL NAME Nancy Amanda Carpenter

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Dec 18 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 6 14 hr. min.

9. Birthplace Ft. Leavenworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

MOTHER FATHER { 12. Name David Felten

{ 13. Birthplace Penn
(City, town, or county) (State or foreign country)

{ 14. Maiden name Amanda Acres

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

16. (a) Informant Mrs. Minnie Feterly
(b) Address 1128 Byers

17. (a) Burial (b) Date thereof Feb-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin St

19. (a) 7-3-42 (b) Gertrude S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1942 hour 3 minute 40P M.

21. I hereby certify that I attended the deceased from Feb 7 1942 to June 30 1942.
that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage

Due to Respiratory failure

Due to

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

Major findings: Of operations. Of autopsy.

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) (e) Means of injury

23. Signature H. W. ... M. D. or other
Address Date signed 7/3/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
2
5
OK: refer to

49
2
5

42-7-619

05

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.