

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25068

State File No.

Registration District No. 713290

Primary Registration District No. 4431

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Dixon
(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)
In this community years, months or days

3. (a) PRINT FULL NAME Roscoe Carpier

3. (b) If veteran, name war 1st World War 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucinda Carpier 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 2, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 11 26 hr. min.

9. Birthplace Aremore, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Mace Carpier
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bleasler
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roscoe Carpier
(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 7/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kenner Cemetery
Fred H. Gilbert

18. (a) Signature of funeral director Dixon, Mo.
(b) Address

19. (a) July 31-1942 (b) Chas M Dodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(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 /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28
year 1942 hour 1 a m minute 1 A. M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to July 28, 1942
that I last saw him alive on 7-25-42, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary
C. B.

Due to Being gassed
in trench in 1918
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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)
(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 A. J. Cider (M. D. or other)
Address Dixon, Mo. Date signed 7-42

1170 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Pulaski County Health Officer

File Number 7-42-168

Date Filed 7-31-42

AUG 1 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.....

July 28, 1942

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred D. Gibbons

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.