

LED MAR 6 1943 74

Registration District No. _____

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
720 East 4th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community fifty years
years, months or days)

3. (a) PRINT FULL NAME Lee Carpenter

3. (b) If veteran, name war _____
3. (c) Social Security No. 500-10-5921

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

6. (b) Name of husband or wife Minnie Vaughn Carpenter 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased October 26, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Tipton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor -retired

11. Industry or business Former W.P.A. Foreman

MOTHER FATHER

{ { { { {	12. Name	<u>unknown,</u>	<u>unknown</u>
	13. Birthplace	<u>unknown,</u>	<u>unknown</u>
	14. Maiden name	<u>unknown,</u>	<u>unknown</u>
	15. Birthplace	<u>unknown,</u>	<u>unknown</u>

16. (a) Informant Mrs. Minnie Carpenter (Wife)
(b) Address 720 East 4th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Dec. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ionia, Missouri

18. (a) Signature of funeral director Shane Brown
(b) Address Sedalia, Mo.

19. (a) Feb. 15, 1943 Mrs. Anna Beyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 720 East 4th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1943 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 1st
1943 to Feb 13 1943
that I last saw him alive on Feb 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
myocarditis senility
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 Feb 13
(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? _____ (c) Means of injury _____

23. Signature W. J. Bishop (M. D. or other) _____
Address Sedalia Date signed 2-16-43

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

80
66
4

1022

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-4-43

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 Mrs. Ewing

Licensed Embalmer No. 38417

P. O. Address Sedalia, 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.