

S. No. 2
4-5-42
5-17-39

25729

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 943

Registration District No. 274 Primary Registration District No. 3052

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

X32873
50
46

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: City Hospital II
(d) Length of stay: In hospital or institution 4 days
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 705 West Jefferson
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Viola Carpenter
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1943 hour ten minute 30 P.M.
21. I hereby certify that I attended the deceased from 7-25-43
1943 to 7-29- 1943
that I last saw her alive on 7-29- 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Russell Carpenter
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased: 1 13 1909
(Month) (Day) (Year)

Immediate cause of death: Acute myocardial infarction
Due to shock
Due to post-operative
Other conditions (Include pregnancy within 3 months of death): _____
Duration _____

8. AGE: Years 34 Months 7 Days 16
9. Birthplace Blackwater, Mo.
10. Usual occupation Domestic

Major findings: absence of blood
ligament & tubes
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name Geo. P. Dexter
13. Birthplace Cooper County, Mo.
14. Maiden name Estella Cooper
15. Birthplace Cooper County, Mo.
16. (a) Informant Russell Carpenter
(b) Address 705 West Jefferson
17. (a) Burial (b) Date thereof 8-8-43
(c) Place: burial or cremation Blackwater, Mo.
18. (a) Signature of funeral director Pryce Alexander
(b) Address Sedalia, Mo.
19. (a) 7-31-43 (b) Mr. Anna Berger
(Date received local registrar) (Registrar's signature)

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? _____
(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. R. Maddox (M. D. or other) _____
Address 116 1/2 W. Main Date signed 7-31-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

DEC 26 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 J Pryce Alexander
Licensed Embalmer No. 4245
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.