

No. 2
-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11212

Registration District No. 1955 Primary Registration District No. 3127 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: 303 So. Ballbl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 303 So. Ballbl (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence Carpenter
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March 5
year 1944 hour 11:40 minute A. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

21. I hereby certify that I attended the deceased from July 15 1943 to March 5 1944
that I last saw him alive on March 2 1944
and that death occurred on the date and hour stated above.
Immediate cause of death: Carcinoma of Rectum
Duration: 10 months

7. Birth date of deceased August 8 1879
(Month) (Day) (Year)
8. AGE: Years 65 Months 6 Days 7 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: H62
Of autopsy: H62

9. Birthplace Laddonia Missouri
(City, town or county) (State or foreign country)
10. Usual occupation Painter

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?

11. Industry or business
12. Name Seth Carpenter
13. Birthplace No data Illinois
(City, town or county) (State or foreign country)
14. Maiden name Walter M. Safford
15. Birthplace No data Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. Fred Carpenter
(b) Address Webb City Mo.
17. (a) Burial (b) Date thereof 3/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

23. Signature W. H. Gregory (M. D. or other)
Address Webb City, Mo. Date signed 2/6/45

18. (a) Signature of funeral director: W. H. Gregory
(b) Address Webb City Mo.
19. (a) Mar 7 1944 (b) M. L. Lillie Lagle
(Date received local registrar) (Registrar's signature)

443-307

Gregory

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..... *E. H. Hedge*.....

Licensed Embalmer No. *2859*

P. O. Address..... *Webb Police*.....

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.