

3. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40925

State File No. _____

FILED JAN 12 1945

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Polk Liberty

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

(c) Name of hospital or institution: Home of Son 526 E. Mill
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Praine Home 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME LETITIA BELLE CARPENTER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1944 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw her alive on Dec 7 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband Mr. Henry Carpenter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct. 25 1861
(Month) (Day) (Year)

Immediate cause of death: Arteriosclerosis

Duration _____

8. AGE: Years 83 Months 1 Days 16 If less than one day _____ hr. _____ min.

Due to _____

Due to 97

9. Birthplace Praine Home MO.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Thos. Alvin Harris, M.D.

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

14. Maiden name Spurkenous

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant P.H. Carpenter

(b) Address 526 E. Mill - Liberty Mo.

17. (a) Burial (b) Date thereof Dec 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Praine Home Mo.

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? _____

18. (a) Signature of funeral director Clunch - Archer

(b) Address Liberty Mo.

19. (a) Dec 11 44 (b) Helen Early
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (c) Means of injury 97

23. Signature Wm. J. ... (If Doctor) _____

Address 12/12/44 Liberty Date signed Dec 11 1944

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-45

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 _____

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.