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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1945

Registration District No. 07

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5225

State File No. 5801

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Gunn City, Index Twp.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gunn City, Missouri.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Gunn City,
(If outside city or town limits, write "RURAL")

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country xxxx

3. (a) PRINT FULL NAME GEORGE MARSHALL CARPENTER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mabel Carpenter

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 5, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	10	hr. min.

9. Birthplace Bath County, Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business same

FATHER
12. Name John Carpenter
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Warner
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Carpenter
(b) Address Gunn City, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1945
(Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri.

19. (a) Feb. 19, 1945 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1945 hour 7:35 minute A M.

21. I hereby certify that I attended the deceased from 11/30/44, 19__, to 2/15/45, 19__;
that I last saw him alive on 2/14/45, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Passive Congestion

Due to Cancer of Liver

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R Hmemann (M. D. or other) DO

Address Garden City Mo Date signed 2/17/45

(Licensed Embalmer's Statement on Reverse Side)

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.