S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9990

FILED APR 9 1945

Registration District No. 1004 Primary Registration District No. 3032 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 W. South St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 6 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 998

(a) State Illinois (b) County Cook 11
(c) City or town Chicago (If outside city or town limits, write "RURAL")
(d) Street No. 742 So. St Louis Ave (If rural, give location) 6
(e) Citizen of foreign country? no 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alma S. Carpenter
3. (b) If veteran, name war no
3. (c) Social Security No. 495-01-0734
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Garvin Carpenter
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Oct. 1 1897 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	5	30	hr. min.

9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Bookeeping
11. Industry or business G.M.C. Truck, Co.
FATHER
12. Name William Scott
13. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ida McDonald
15. Birthplace ---- (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Garvin Carpenter
(b) Address 742 S. St. Louis, Ave. Chicago
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April. 3. 45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) April 2, 1945 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31 year 1945 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from March 28, 1945, to March 31, 1945, that I last saw her alive on March 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carbon rupture due to rupture; weakened area; heart wall — Duration instantly
Due to Coronary infarct — 4 days
Due to Coronary degeneration following "flu" — 6 weeks
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 94a

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 O. H. Damron Md. (M. D. or other)
Address Warrensburg Mo. Date signed 4-2-45

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1945

JUL 17 1945

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. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.