. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24827

State File No.

Registration District No. 314 Primary Registration District No. 6064 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair

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

(c) Name of hospital or institution: County Farm Home 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Collins (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 John Carpenter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 5 (Day) 1853 (Year)

8. AGE: Years 91 Months 8 Days 23 If less than one day hr. min.

9. Birthplace St. Clair County Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Lovell Carpenter

(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Missouri

19. (a) 6-28-45 (Date received local registrar) (b) F. B. Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1945 hour 6 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to 6-27, 1945; that I last saw him alive on 6-27, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 T. H. Douglas, Jr. (M. D. or other) M.D.

Address Osceola, Mo. Date signed 6/28/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D[illegible] Officer No. 7,
7-45-776
Date Filed 8-9-45

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.