

S. No. 2
1-8-43
5-17-39
1 X37823

FILED MAY 2 1946

Registration District No. 2 Primary Registration District No. 50 4009 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Savannah /
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Alice N. Carpenter

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 15 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 1
1946 to March 25, 1946;
that I last saw h. s. e. alive on March 25, 1946;
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 or wife Dan E. Carpenter

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

7. Birth date of deceased Oct 29 1864
(Month) (Day) (Year)

Immediate cause of death Carcinoma of vulva with Metastases 2 yrs.

Due to _____

8. AGE: Years Months Days If less than one day

81 5 15 hr. min.

Other conditions 45C
(Include pregnancy within 3 months of death)

Due to _____

9. Birthplace Dark County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

Major findings: Carcinoma of vulva

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business ✓

12. Name James M. Stephenson

13. Birthplace Dark County Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Messinger

15. Birthplace Park County Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie I Stuart

(b) Address Savannah, Mo

17. (a) Burial (b) Date thereof April-16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director George W. Williams

(b) Address Savannah, Missouri

19. (a) 4-16-46 (b) W. L. Clark
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Albert B. Kelley (M. D. or other) J. D. C.
Address Savannah, Mo. Date signed April 16, 1946

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

APR 2 1953

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 G. M. Atchison

Licensed Embalmer No. 2279

P. O. Address.....

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!