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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13891

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Eldon 1
(If outside city or town limits, write "RURAL") 1
(d) Street No. 5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME WILLIAM THOMAS 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 ~~Married~~ Married
6. (b) Name of husband or wife Ollie Carpenter
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April (Month) 10 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
82	10	6	hr. min.

9. Birthplace (City, town, or county) Virginia (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Morris Carpenter
13. Birthplace (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Angeline Bryant
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Jerry Carpenter
(b) Address Kansas City, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri
19. (a) 2-18-46 (Date received local registrar) (b) Alvenitta Walt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1946 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 7-1, 1945 to 2-16, 1946 that I last saw him alive on 2-12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	7 days
Due to Chronic Interstitial Nephritis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of Ear	2 yrs
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 E. C. Shelton (M. D. or other)
Address Eldon Mo Date signed 2-18-46

192 (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.....

Louis D. Phillips, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.