

FILED MAY 27 1946

State File No. _____

Registration District No. 141

Primary Registration District No. 5550

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Moody
(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 13 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell #6
(c) City or town Moody
(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 Daniel Carpenter
(b) If veteran, name war None
(c) Social Security No. None
4. Sex Male 5. Color White 6. (a) Single, Married, divorced, Married
6. (b) Name of husband or wife Spiah Carpenter 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Feb. 1, 1871 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 6 year 1946 hour 2:00 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death PNEUMONIA - Duration _____

8. AGE: Years 75 Months 0 Days 6 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Bogustown, Maryland (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions Locomotor Ataxia (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Daniel Carpenter
13. Birthplace Denkin (City, town, or county) (State or foreign country)
14. Maiden name Carpenter
15. Birthplace Denkin (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant Cobas E. Carpenter
(b) Address Chandler, Arizona
17. (a) Burial (b) Date thereof 2-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Moody Cemetery
18. (a) Signature of funeral director W. J. ...
(b) Address Salem, Arkansas
19. (a) Feb. 28, 1946 (b) Bludys Harrison (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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 3
23. Signature Mayme C. Thornburgh (M., D., or other) Coroner
Address 308 S. Curry St. Date signed 3/12/46

MAY 27 1961
MAY 27 1961

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.....

Licensed Embalmer No.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 141

Primary Registration District No. 5550

Registrar's No. 5

1. PLACE OF DEATH:
 (a) County Hauell
 (b) City or town meady
(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)

3. (a) PRINT FULL NAME John O. Carpenter
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased get
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____
If less than one day
 hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Lobar Penumonia

Due to _____

Due to _____

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? _____

While at work? _____
(Specify type of place) Means of injury _____

23. Signature Maymel C. Hornburg Coroner
 Address West Plains, Mo. Date signed 6/14/46

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

15986

SUPPLEMENTARY

108

10504