

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27807**

Registration District No. **225**

Primary Registration District No. **5797**

Registrar's No. **10**

1. PLACE OF DEATH:
 (a) County **Moniteau**
 (b) City or town **Fortuna**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None /**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **--**
(Specify whether
 In this community **Entire life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Moniteau 68**
 (c) City or town **Fortuna,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **No street numbers**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **Native**

3. (a) PRINT FULL NAME **Mary Lucindia Carpenter**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **8th**
 year **1946** hour **6** minute **P.** M.

4. Sex **Female /** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow 2**
 (b) Name of husband or wife **James D. Carpenter**
 6. (c) Age of husband or wife if alive **dead** years
 7. Birth date of deceased **September, 29th, 1849**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
 _____, 19____, to _____, 19____;
 that I last saw her alive on **July 10**, 19**46**
 and that death occurred on the day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	96	10	9	hr. _____ min.

Immediate cause of death **Serum**
 Due to _____
 Due to _____

9. Birthplace **Morgan County Missouri**
(City, town, or county) (State or foreign country)

Other conditions **1622**
(Include pregnancy within 3 months of death)

10. Usual occupation **House wife**

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business **Home**

12. Name **Jasper Hamby**
 13. Birthplace **Morgan County Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Alvonia Smith**
 15. Birthplace **Xix- Virginia**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Thos. P. Carpenter (Son)**
 (b) Address **Tipton, Mo.**

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)

17. (a) **Burial** (b) Date thereof **8/10/46**
(Special, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Tipton Masonic Cemetery**

While at work? _____ (Specify type of place)
 (e) Means of injury **0**

18. (a) Signature of funeral director **Jesse E. Richards**
 (b) Address **Tipton Mo.**
 19. (a) **Aug. 10-46 Mrs. Maudie Hudson**
(Data received from local registrar) (Registrar's signature)

23. Signature **J. F. Potts** (M. D. number) **1115**
 Address **Tipton Mo** Date signed **8/19/46**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number 8-46-139
Date Filed 8-12-46

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 Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton 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.