S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27820

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 36

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL — JACKSON TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1/8 MI. S. OF PARIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 2 YRS 6 MO.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

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

(d) Street No. 1/8 MI. S. OF PARIS
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME IDA ELIZABETH CARPENTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN L. CARPENTER

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

7. Birth date of deceased DEC. (Month) 19 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	22	____ hr. ____ min.

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

10. Usual occupation AT HOME

11. Industry or business ____

FATHER
12. Name JACOB BRUNNER
13. Birthplace ____ (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ~~B~~ ELIZABETH SWARTZ
15. Birthplace ____ (City, town, or county) PA. (State or foreign country)

16. (a) Informant Dwight B Carpenter
(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) JULY 12, 1946 (Date received local registrar) (b) Elbert Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11TH year 1946 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1936 ____, 19__ to 7-11 1946 that I last saw her alive on July 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy

Due to arteriosclerosis, cardiac decompensation

Due to ____

Other conditions ✓ (EB)
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration NK

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 Nellis S. Christman H.D. (M. D. or other)

Address PARIS, MO. Date signed 7-12-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 8-10-1500
Date Filed AUG 14 1946

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 Edmond H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.