S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29800

State File No.

Registration District No. 59 Primary Registration District No. 5227 Registrar's No. 140

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: Rural Peculiar Twp. Cass Co. Home 5 (If not in hospital or institution, write street number or location)

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

In this community 18 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 14

(c) City or town County Home (If outside city or town limits, write "RURAL") 0

(d) Street No. Rural Peculiar Twp. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alonzo Carpenter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife M

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

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

8. AGE: Years 87 ? Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter E. Duke

(b) Address 1333 Jefferson K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 46 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director J. V. Herrick

(b) Address Pleasant Hill Mo

19. (a) 9-18-1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1946 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Mar 1, 1946, to Sep 46, 1946 that I last saw him alive on Sep 15/46, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Mitral Regurgitation Senile Debility

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.

92 B

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 0

23. Signature E M Griffith (M. D. or other)

Address Harrisonville Mo. Date signed 9-18-46

51

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill M

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.