

S. No. 2
M-5-43
v. 5-17-39
p. 1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30661

State File No. _____

Registration District No. 156

Primary Registration District No. 200

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Joplin General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours
(Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME Infant Carpenter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased August 5 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>3</u> hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER { 12. Name Walter Carpenter

FATHER { 13. Birthplace Carl Junction, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ruth McCorkle

15. Birthplace Waco Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter Carpenter

(b) Address Joplin R#1, Box 646

17. (a) Burial (Burial, or removal) (b) Date thereof 8-6-46
(Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 8-8-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Joplin, R#1, Box 646
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1946 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Aug 5, 1946, to Aug 5, 1946
that I last saw him alive on Aug 5, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infant

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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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 0

23. Signature J. P. Pemberton D.O. (M.-D. or other) _____

Address Carl Junction Mo. Date signed 8/6/46

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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..... *F M Jones*

Licensed Embalmer No. *2319*

P. O. Address *Jeffers Ave*

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.