

FILED NOV 25 1946

Registration District No. 73

Primary Registration District No. 5-299

Registrar's No. 89

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

1. PLACE OF DEATH: CLINTON

(a) County CLINTON

(b) City or town RURAL CLINTON
(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 3 years. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CLINTON

(c) City or town RURAL CLINTON
(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 Mary Elizabeth Carpenter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1946 hour 5 minute ? A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Jan-11-1857
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis

Due to Atherosclerosis

Due to _____

8. AGE: Years 89 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

Major findings:
Of operations _____

Of autopsy 131B

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

10. Usual occupation Housewife

Physician _____

Underline the cause to which death should be charged statistically.

11. Industry or business Home

12. Name HENRY West

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs Helen Bush Broom

(b) Address 243 ROP MO

17. (a) Burial Removal Date thereof 11-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STATE CENTER

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? _____ (c) Means of injury 3

18. (a) Signature of funeral director Cameron, Mo

(b) Address _____

19. (a) 11-16-46 (Date received local registrar)

(b) Mrs. Millie James (Registrar's signature)

23. Signature A. D. Terrell (M. D. or other) _____

Address Cameron, Mo Date signed 11-18-46

APR 4 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

working under my personal supervision.

Signed *W. M. Crunk*, Registered Apprentice No. _____

Licensed Embalmer No. *2533*

P. O. Address *Cameron, 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.