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17-39
X38671

FILED JAN 23, 1947

Registration District No. _____ Primary Registration District No. **42218** Registrar's No. **9**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
118 N. Main
(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 months**
years, months or days)

3. (a) PRINT FULL NAME **John M. 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 **Married**
6. (b) Name of husband or wife **Malinda Malcom Carpenter** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **January 14 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	11	27	hr. _____ min. _____

9. Birthplace **Bowling Green Indiana**
(City, town, or county) (State or foreign country)
10. Usual occupation **retired carpenter**

11. Industry or business _____
12. Name **Mikel Carpenter**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucinda Carpenter**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Will Carter**
(b) Address **Windsor, Missouri**
17. (a) **Burial** (b) Date thereof **1-15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**
18. (a) Signature of funeral director **Huston Turner**
(b) Address **Windsor, Mo.**
19. (a) **1-15-1947** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **118 N. Main**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **11**
year **1947** hour **9:00** p m minute _____ M.
21. I hereby certify that I attended the deceased from **Dec. 7**
1946 to **Jan. 11, 1947**
that I last saw him alive on **Jan. 11, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death
Facial Erysipelas
Due to **Infected burn of face**
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Arterial Sclerosis
Major findings: **None**
Of operations _____
Of autopsy **None**

Duration
3 days
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) (e) Means of injury **0**
23. Signature **L. A. Blackmore** (M. D. or other) **MD**
Address **Windsor, Mo.** Date signed **1-13-47**

120

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

MOTHER FATHER

APR 20 1951

LT-12-17
6952-97-21

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 *Eddy J. Guston*
Licensed Embalmer No. *3391*
P. O. Address *Windsor, 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.

This case of John Carpenter I think might best be classed as an erysipelas infection. While this patient received a very slight burn of the right cheek a few days before infection appeared there would have been no fatality from the light burn had not infection occurred.

This burn occurred at the home of his daughter, Mrs. Will S. Carter, Windsor, Mo.

T. A. Blackmore, M.D.

T. A. Blackmore, M. D.

Windsor, Mo.



Feb

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

91

1. PLACE OF DEATH

(a) County Henry Windsor
(b) City or town
(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. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME John Carpenter

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

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

8. AGE: Years 85 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1944 Year 1944 hour minute M.

21. I hereby certify that I attended the deceased from to 19...; that I last saw him alive on 19...; and that death occurred on the date and hour stated above. Immediate cause of death.

Duration

Due to

Due to

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

PHYSICIAN

Major findings: Of operations. Of autopsy. 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) No accident

(b) Date of occurrence None

(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) (e) Means of injury

23. Signature J.A. Carpenter (M. D. or other)

Address Windsor Date signed 1-31-48

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

SUPPLEMENTARY

