

3. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED APR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14669

Registration District No. 297

Primary Registration District No. 6021

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
Courville Store 1
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 60 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

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

(d) Street No. Courville Store
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS NEWTON CARPENTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 4 1947 to March 6 1947
that I last saw him alive on March 4 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased. March 26, 1864
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 3 Days

8. AGE: Years Months Days If less than one day

82 11 10 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William H. Carpenter

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

14. Maiden name Isabelle Musgrave

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

16. (a) Informant John Tait

(b) Address Courville, Mo.

17. (a) Burial (b) Date thereof March 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Courville, Mo.

18. (a) Signature of funeral director Gene C. Michael

(b) Address Braymer, Missouri

19. (a) March 25, 1947 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: 100

Of operations _____

Of autopsy _____

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 O. C. Kilbourn (M. D. _____)

Address Courville Mo Date signed 3/8/47

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

MOTHER FATHER

273

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-16-47

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 _____

Gene C. Michael

Licensed Embalmer No. _____

4340

P. O. Address _____

Braymer, 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.