

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 117

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Anthony
(c) Name of hospital or institution: DePaul Nursing Home 4210 E Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRINT FULL NAME Alta Carpenter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Flora Isabel

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

14. Maiden name Edith A. Johnson

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

16. (a) Informant Charles J. Jones

(b) Address Saracope Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 11 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Saracope Cemetery

18. (a) Signature of funeral director Miss City

(b) Address Miss City Mo.

19. (a) 5-16-47 (Date received local registrar) (b) L. B. Clifton M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Saracope (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 May day 14 year 1947 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 10 1946 to May 14 1947, that I last saw her alive on May 14 1947, and that death occurred on the date and hour stated above.

Immediate cause of death cardiac & respiratory failure Duration _____

Due to Carcinoma of Ovary with metastases chest & stomach

Due to and peritoneal cavity

Other conditions (Include pregnancy within 3 months of death) 49A

Major findings: Of operations Carcinoma of ovary Of autopsy Nov 3 1946

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 _____

23. Signature L. B. Clifton M.D. (M. D. or other)

Address Saracope Mo. Date signed 5/16/47

47-5-429

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.....

B. A. Logan

Licensed Embalmer No.....

3979

P. O. Address.....

Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
45
43880

State File No. June
Registrar's No. 117

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(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 _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME

Alta Carpenter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 11
(Month) (Day) (Year)

8. AGE: Years 68

Months 11

Days 22
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county)

_____ (State or foreign country)

10. Usual occupation _____

Retired housewife

11. Industry or business _____

None

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. (c) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (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 May Day 11 Year 1927 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)

Major findings:
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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

17751