S. No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44325

Registration District No. 156 | Primary Registration District No. 2001 | Registrar's No.

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: 708 Moffet (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 43 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin (If outside city or town limits, write "RURAL")
(d) Street No.: 708 Moffet (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: James F. 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: Maude Carpenter
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: February 17, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	8	23	hr. min.

9. Birthplace: Warsaw Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Gas Company
MOTHER FATHER
12. Name: No Record
13. Birthplace: No Record (City, town, or county) (State or foreign country)
14. Maiden name: No Record
15. Birthplace: No Record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Maude Carpenter
(b) Address: 708 Moffet
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Hurlbut Mortuary
(b) Address: Joplin, Mo.
19. (a) 11-13-47 (Date received local registrar) (b) Dolores Lampkins, R.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th year 1947 hour 11:45 minute P.M.
21. I hereby certify that I attended the deceased from 5-7, 1947, to 11-8, 1947, that I last saw him alive on 11-8, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury:
Signature: (M. D. or other)
Address: Date signed 11-13-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

47-12-1002

JUN 9 1948

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.