S. No. 2
M—2-43
5-17-39
I X35897

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

19411

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2727

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 4½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2405 West 12 Street 8
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME William A. Carpenter

3. (b) If veteran, name war No

3. (c) Social Security No. 444-05-3729

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Ethel Mae

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August (Month) 22 (Day) 1881 (Year)

8. AGE: Years 66 Months 10 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Cliffton (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Hotel Manager

11. Industry or business _____

FATHER
12. Name Peter S. Carpenter
13. Birthplace Stanton Virginia (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Faney D. Attwood
15. Birthplace New York City (City, town, or county) new york (State or foreign country) 1

16. (a) Informant Melvin A. Carpenter
(b) Address 3009 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Quick & Tobin
(b) Address 20 West Linwood

19. (a) 7-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6-17, 1948, to 6-29, 1948 that I last saw him alive on 6-29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal Carcinomatosis

Due to Primary Carcinoma

Due to of Stomach

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

Major findings:
Of operations _____
Of autopsy 46 b

Duration

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. A. Wilkinson (M. D. or O.) M.D.

Address 1103 Grand Ave. Date signed 6-29-48

(Licensed Embalmer's Statement on Reverse Side)

1777

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 John J. Conroy

Licensed Embalmer No. 4424

P. O. Address.....

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.