FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 16 1948

Registration District No. 302

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6191

State File No. 25194

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Laney
(b) City or town Branson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: on Highway 65 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community going through
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Carroll 999
(c) City or town Rural Rt. 3, Green Forest, Ark.
(If outside city or town limits, write "RURAL")
(d) Street No. 3/4 mile East Head School House 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country 2

3. (a) PRINT FULL NAME Wesley Augustus Carpenter
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elzia Carpenter
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb (Month) 9 (Day) 1887 (Year)

8. AGE: Years 61 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Carroll Co. Ark. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Hyle Carpenter
13. Birthplace West Va. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Luderka Pulaski Collier
15. Birthplace Carroll Co. Ark. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Armel Carpenter
(b) Address Osage, Arkansas
17. (a) Removal (Burial, cremation, or removal) (b) Date there 6-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Ark.
18. (a) Signature of funeral director R. Nelson
(b) Address Box 311, Berryville Ark.
19. (a) June 7-16-48 (Date received local registrar) (b) C. Coggswell (Registrar's signature) 276

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 16, 1948 to Amly, 19
that I last saw him alive on Dead June 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Inhaling gas fumes and possible drowning from gasoline.
Due to
Due to Trunk over turned was pinned in cab of trunk and gas spelled on him
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

Duration

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) accident 106
(b) Date of occurrence June 16 - 1948
(c) Where did injury occur? Branson Laney no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place on Highway 65
(Specify type of place)
While at work Yes (e) Means of inhaling gas fumes
23. Signature Harry Forgeth (M.D.) June 16-48
Address Branson no Casone 3

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File No. 748-768
Date Filed JUL 12 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 Minnie L. Jackel

Licensed Embalmer No. 2277

P. O. Address Branson 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.