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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32283

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 176

1. PLACE OF DEATH:
(a) County Cass Mo.
(b) City or town Harrisonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 401 W. Wall St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANDREW REID 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 1 divorced Married
(b) Name of husband or wife Eva C. Carpenter
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb 8 1871
(Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 1 If less than one day hr. min.

9. Birthplace El Dorado Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant, retired

11. Industry or business

12. Name John Carpenter

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

14. Maiden name Hannah Ranne Reed

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

16. (a) Informant Helene Remsey

(b) Address Harrisonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Friend Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. Oct. 11 - 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 401 West Wall St B
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9
year 1948 hour 8:00 minute P M.
21. I hereby certify that I attended the deceased from JAN - 1947 to OCT. 9, 1948
that I last saw him alive on OCT 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 WKS -

Due to Arterio Sclerosis
Cerebral

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 82 W
Of operations

Of autopsy

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) (a) Means of injury

23. Signature O. H. Jones (M. D. or other) MD

Address Harrisonville Mo Date signed 10/11/48

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Ernest Rummelberger

Licensed Embalmer No. *2388*

P. O. Address

Harrisonville 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.