

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1065

|  |  |   |                    |  |  |  |  |
|--|--|---|--------------------|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 137  |                    | PRIMARY REG. DIST. NO. 3027  |  | Registrar's No. 30   |  |
| 1. PLACE OF DEATH<br>a. COUNTY HENRY   |  |   |                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI b. COUNTY HENRY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON   |  | c. LENGTH OF STAY (In this place) LIFE  |                    | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON                                       |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL   |  |   |                    | d. STREET ADDRESS (If rural, give location) SECOND & LINCOLN ST 0  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) JOHN   |  |   | b. (Middle) BAILEY |  |  | c. (Last) CARPENTER  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br>FEB - 3 - 49  |  | 5. SEX MALE   |                    | 6. COLOR OR RACE WHITE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED                   |  |
| 8. DATE OF BIRTH MAY 29 - 1869   |  | 9. AGE (In years last birthday) 79  |                    | IF UNDER 1 YEAR Months 8   |  | IF UNDER 24 HRS. Days 4 Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER  |  | 10b. KIND OF BUSINESS OR INDUSTRY RETIRED   |                    | 11. BIRTHPLACE (State or foreign country) HENRY CO MO  |  | 12. CITIZEN OF WHAT COUNTRY U.S.A  |  |
| 13a. FATHER'S NAME ROBERT M. CARPENTER   |  | 13b. MOTHER'S MAIDEN NAME BERINDA McMILLIN  |                    | 14. NAME OF MARRIAGE OR MARRIAGE W. CARPENTER  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO   |  | 16. SOCIAL SECURITY NO. NO  |                    | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS HE CARPENTER CALHOUN MO  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral pneumonia   |                    |  |  | INTERVAL BETWEEN ONSET AND DEATH 3 wks.  |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |                    |  |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Myo Carditis              |                    |  |  | 7 mo.  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |                    |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                    | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                    | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from 12 Jan., 1949, to 3 Feb., 1949, that I last saw the deceased alive on 3 Feb., 1949, and that death occurred at 12:45 pm., from the causes and on the date stated above. |  |   |                    |  |  |  |  |
| 23a. SIGNATURE (Degree or title) R. R. Kermey  |  |   |                    | 23b. ADDRESS 120   |  | 23c. DATE SIGNED Feb 4 - 49  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |  | 24b. DATE Feb 6 - 49  |                    | 24c. NAME OF CEMETERY OR CREMATORY Englewood Cem   |  | 24d. LOCATION (City, town, or county) (State) Clinton MO                         |  |
| DATE REC'D BY LOCAL REG. Feb 4 - 49  |  | REGISTRAR'S SIGNATURE R. R. Kermey  |                    | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Consalus & Beck Clinton MO  |  |  |  |

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

District Health Officer No. 7,

District File Number 1-49-34

Date Filed 2-7-49

**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

Eugene R. Conacher

Student Embalmer No. 281

working under my personal supervision.

Student Eugene R. Conacher  
Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.