DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 20 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Haley 24030
State File No.

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 194

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

1. PLACE OF DEATH
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 801 Brunswick (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield (If outside city or town limits, write "RURAL") 1
(d) Street No. 801 Brunswick (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LOREN WOOD TARPENING
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 10
5. Color or race Ib
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Cora Bell Tarpening
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Aug (Month) 16 (Day) 1868 (Year)

8. AGE: Years 80 Months 10 Days 23 If less than one day hr. min.
9. Birthplace Union Co (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name S. Tarpening
13. Birthplace D K (City, town, or county) N.Y. (State or foreign country)
MOTHER
14. Maiden name D K
15. Birthplace D. K. (City, town, or county) D. K. (State or foreign country)
16. (a) Informant Cora B. Tarpening
(b) Address Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 11 (Day) 1949 (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo
19. (a) 7-14-49 (Date received local registrar) (b) H. B. Erwin 67 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1949 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 10, 1949, to July 7, 1949
that I last saw him alive on July 17, 1949
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Arteriosclerosis	10 yr.
Due to: Chronic Myocarditis	7 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature Roy R Hale (M. D. or other) RHO
Address Brookfield Mo Date signed July 11 1949

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 19 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 J. M. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.