

FILED JUL 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25908

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Washington			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Concord		c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Concord		110
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 1/2 mi. south of Irondale			d. STREET ADDRESS (If rural, give location) 1 1/2 mi. south of Irondale		

3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) Carpenter c. (Last) Carpenter			4. DATE OF DEATH (Month) (Day) (Year) July 3 1949		
--	--	--	---	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 12 1877		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 21	IF UNDER 4 HRS. Hours Min.
-------------	------------------------	---	--------------------------------	--	------------------------------------	--------------------------	--------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	-----------------------------------	--	---	--	-------------------------------------	--

13a. FATHER'S NAME unknown-CARPENTER		13b. MOTHER'S MAIDEN NAME Janet Hakes		14. NAME OF HUSBAND OR WIFE			
--------------------------------------	--	---------------------------------------	--	-----------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Percy Carpenter Irondale Mo.			
---	--	-------------------------	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sepsis of both legs</i>  ANTECEDENT CAUSES <i>Diabetes</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <i>24.0X</i>	
---	---	--	--	--	--	--	--

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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	---	--	----------------------------	--

22. I hereby certify that I attended the deceased from June 25, 1949, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 7:35 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Jas. W. Hoffmann</i>			23b. ADDRESS <i>Bismarck MO</i>		23c. DATE SIGNED <i>7-5-49</i>	
--	--	--	---------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>7-5-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>		24d. LOCATION (City, town, or county) (State) <i>Bismarck Mo.</i>		
---	-------------------------	---	--	---	--	--

DATE REC'D BY LOCAL REG. <i>7-11-49</i>		REGISTRAR'S SIGNATURE <i>Jessie Eichenberger</i> 338		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>White &amp; Hill Funeral Home Bismarck Mo.</i>		
---	--	--	--	--	--	--

*And White*

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

110  
0  
0

RECEIVED

7-18-49

District Health Officer No. 4

District File Number 249-969

Date Filed .....

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 .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Russell White .....

Licensed Embalmer No. 3012 .....

P. O. Address Proctor Seco .....

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.