

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27023

260

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital				d. STREET ADDRESS (If rural, give location) 206 East Jackson			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest		b. (Middle)		c. (Last) Carpenter		4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 29, 1864	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 1		IF UNDER 24 HRS. Days 14		IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Mining-Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James P. Carpenter		13b. MOTHER'S MAIDEN NAME Emily Leek		14. NAME OF HUSBAND OR WIFE Anna Grogan Carpenter			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Carpenter, Sunflower, Kansas			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchial Pneumonia ANTECEDENT CAUSES DUE TO (b) Influenza DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Disease of prostate and prostatic hyperplasia from removal in Feb. 1945				INTERVAL BETWEEN ONSET AND DEATH 2 days 480X	
19a. DATE OF OPERATION Feb-1945		19b. MAJOR FINDINGS OF OPERATION Enlarged and diseased prostate				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 Nov. 2, 1949 , to Nov. 13, 1949 , that I last saw the deceased alive on Nov. 13, 1949 , and that death occurred at 5:30 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. A. Blackmore, M.D.				23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED Nov. 13, 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-16-49		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor, Missouri	
DATE REC'D BY LOCAL REG. Nov. 15-49		REGISTRAR'S SIGNATURE Florence Adair		422 25. FUNERAL DIRECTOR'S SIGNATURE Huston-Turner		ADDRESS Windsor, Mo.	

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

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RECEIVED

District Health Officer No.

District File Number 10-49-13

Date Filed 11-21-4

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.

Signed William M. Turner

Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.