

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26834

State File No. _____

3674

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 50yrs.		d. STREET ADDRESS 1215 Askew	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		3248 3210	

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) B. c. (Last) Carpenter			4. DATE OF DEATH (Month) (Day) (Year) 8 26 51		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 8, 1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Truck Driver		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 C. C. Carpenter		13b. MOTHER'S MAIDEN NAME Bell Terhune		14. NAME OF HUSBAND OR WIFE Myrtle Carpenter	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Harry Carpenter ADDRESS Blue Springs, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A.		II. OTHER SIGNIFICANT CONDITIONS		331X	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 24, 1951, to Aug. 26, 1951, that I last saw the deceased alive on Aug. 26, 1951, and that death occurred at 1:55P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns M.D. (Degree or title)		23b. ADDRESS General Hospital No. 1		23c. DATE SIGNED 8-26-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 8-29-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 8-28-51		REGISTRAR'S SIGNATURE Gertrude Holmea		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster, 918 Brooklyn, K. C. MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C., 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.