

Registration District No. 347

Primary Registration District No. 4211

42  
20

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 38  
years, months or days

3. (a) PRINT FULL NAME ANNA S CARPENTER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carnest Carpenter

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 1 / 1 / 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 27 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Marshall (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Grogan

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Delia Cannon

15. Birthplace Anderson (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Humphrey

(b) Address Windsor Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 3 42  
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) March 2, 1942 (Date received local registrar) Georgia Kitcher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 4:30 minute 43 P. M.

21. I hereby certify that I attended the deceased from June 25, 1941, to Feb 28, 1942 that I last saw her alive on Feb 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Duration 8 Mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. A. Blackmore (M. D. or other) M.D.  
Address Windsor Mo. Date signed 3-2-42

RECEIVED

District Health Officer No. 7,

District File Number 4-42-302

Date Filed 4-7-42

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**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 Fred Welke

Licensed Embalmer No. 2478

P. O. Address Clinton Ms

**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.**