

S. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34842

State File No.

Registrar's No. 193

FILED NOV 12 1943
7

Registration District No. 137

Primary Registration District No. 4218

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

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community 12 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42

(a) State Missouri (b) County Henry

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

(d) Street No. 106 N Main
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 22
year 1943 hour 2:30 a minute _____ M.

21. I hereby certify that I attended the deceased from Sept 21
1943, to Sept 22, 1943;

that I last saw him alive on Sept 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Primary heart failure
Duration _____

Due to Delirium Tremens

Due to _____

Other conditions 77d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William C. Carpenter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, unknown

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 3 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 19 hr. _____ min.

9. Birthplace Pleasant Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Carpenter

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

14. Maiden name Harriett Taylor

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

16. (a) Informant John Bowen

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 9-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) October 4, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

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 George Windsor M. D. or other _____
Address Windsor Mo Date signed 9-23-43

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

RECEIVED

District Health Officer No. 7,

10-42-256

11-10-43

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.....



Licensed Embalmer No. 3391

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.