

No. 2  
M-5-43  
5-17-39  
1 X36671

FILED MAR 6 1947  
Registration District No. **137**

Primary Registration District No. **4218**

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: **Community Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
In this community **76 years**  
(Specify whether years, months or days)

**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. **805 S. Main**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name **DECEASED**

**3. (a) PRINT FULL NAME** **Miss Mabel Carpenter**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb.** day **21** year **1947** hour **12:45 p** minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** **2-14** 19**47** to **2-21** 19**47**  
that I last saw her alive on **2-21** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **Fe /** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **December 26 1870**  
(Month) (Day) (Year)

Immediate cause of death **Carcinoma descending colon ?**  
Due to \_\_\_\_\_  
Due to **4/6E**  
Other conditions **Intestinal obstruction 4 days**  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>1</b>	<b>25</b>	_____ hr. _____ min.

9. Birthplace **Windsor Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Bookkeeper (retired)**

Major findings: **Carcinoma of descending colon**  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **Newton Carpenter**  
13. Birthplace **unknown Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Frances Means**  
15. Birthplace **Pettis County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Carpenter**  
(b) Address **Windsor, Missouri**  
17. (a) **Burial** (b) Date thereof **2-23-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**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? \_\_\_\_\_

(c) Place: burial or cremation **Windsor, Missouri**  
18. (a) Signature of funeral director **Huston Currier**  
(b) Address **Windsor, Missouri**  
19. (a) **2-25-47** (b) **R. R. Kennedy**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **0**  
23. Signature **Ray B Jordan** (M. D. or other) \_\_\_\_\_  
Address **Windsor, Missouri** Date signed **2-23-47**

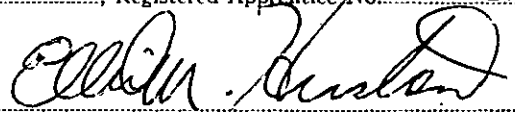
170

RECEIVED  
District Health Officer No. 7,  
District No. 9-47-181  
Date Filed 3-3-47

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.....

William M. Turner, Registered Apprentice No. 470  
working under my personal supervision.

Signed   
Licensed Embalmer No. 3391

P. O. Address Windsor, Missouri

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.