

U.S. No. 2
FORM-5-43
REV. 5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20748**
Registrar's No. **151**

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:
805 S. Main
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **65 years**
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 country _____

3. (a) PRINT FULL NAME **Robert C. Carpenter**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **496 07 9718**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **1**
 year **1947** hour **6** minute **30** P.M.
 21. I hereby certify that I attended the deceased from **Jan 1**
 19**47** to **July 1** 19**47**
 that I last saw him alive on **July 1** 19**47**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 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 **January 29 1882**
(Month) (Day) (Year)

Immediate cause of death **Heart Failure**
 Due to **Chronic Asthma**
 Due to _____
 Other conditions **112**
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	65	5	2	hr. _____ min.

Major findings: Of operations **No operation**
 Of autopsy **No autopsy**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

11. Industry or business _____
MOTHER { 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)

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? _____

16. (a) Informant **Miss Emma Carpenter**
 (b) Address **Windsor, Missouri**
 17. (a) **Burial** (b) Date thereof **7-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Windsor, Missouri**

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **J. A. Blackmore** (M. D. or other) **MD**
 Address **Windsor, Mo.** Date signed **7-2-47**

18. (a) Signature of funeral director **Auston Turub**
 (b) Address **Windsor, Missouri**
 19. (a) **7-7-1947** (b) **R. P. Kennedy**
(Date received local registrar) (Registrar's signature)

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

12
20

RECEIVED
District Health Officer No. 7,
District File Number 6-47-819
Date filed 7-14-47

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 Ellen Hunter.....
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.