

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6601

Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb, Registration District No. 262
(b) Township _____ Primary Registration District No. 4161 Registered No. _____
(c) City Union Star, (d) Street No. Union Star, Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Daniel E. Carpenter, 615
(a) Residence, No. Union Star, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice M. Carpenter,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
90 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (month and year) February 1910 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luray, Virginia,

FATHER 13. NAME Lewis Carpenter,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luray, Virginia,

MOTHER 15. MAIDEN NAME Elizabeth Varner,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luray, Virginia,

17. INFORMANT (ADDRESS) Mrs D.E. Carpenter Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE Feb'y 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) Frank A. Bowman Savannah, Mo.

20. FILED Feb 23, 1938 E.M. Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 22, 193822. I HEREBY CERTIFY That I attended deceased from Jan 1, 1934 to Feb 22, 1938

I last saw him alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Old age.

Date of onset

Other contributory causes of importance:

ArteriosclerosisName of operation Cholec Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify E.M. Reynolds

(Signed) _____ M. D.

(Address) Union Star Mo

STATEMENT BY LICENSED EMBALMER

I, Frank A. Rowman, Licensed Embalmer No. 1710

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. E. Sumner

L. E. 3007

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank A. Rowman

Licensed Embalmer No. 1710

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.)