

REC'D JUL 11 1938

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

21655
Do not use this space.

1. PLACE OF DEATH

(a) County COLE Registration District No. 213
(b) Township..... Primary Registration District No. 3014 Registered No. 172
(c) City JEFFERSON CITY (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MIKE CARPENTER - #45995 615

(a) Residence, No. MISSOURI STATE PRISON 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) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 1, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mo. State Prison

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon, Mo. DATE Jun 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dawson-Tanner Co
Jefferson City, Mo

20. FILED 6/3/1938 P. W. Beckel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, 19... to June 3, 1938, 19...
I last saw him alive on June 3, 1938, 19... Death is said to have occurred on the date stated above, at 5:10 m. A. M.
The principal cause of death and related causes of importance were as follows:

PULMONARY TUBERCULOSIS

Date of onset

Other contributory causes of importance: 23N

Name of operation..... 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.....
(Signed) W. W. Ranbo M. D.
(Address) Prison Physician

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,

A. M. Davis

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

A. M. Davis

Licensed Embalmer No. *3741*

P. O. Address *700 Jefferson*

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, above space should be left blank.