

1939 MAR 9 1939

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

5411
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township New Primary Registration District No. 1002
(c) City Jackson City (d) Street No. Vanoyard Park Hospital Registered No. 610
(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 Mrs. Susan Tract Carpenter
(a) Residence, No. 2518 Benton Blvd St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Carpenter
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1851
8. AGE YEARS 87 MONTHS 11 DAYS 24 If LESS than 1 day, hrs. or min.
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC.
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC. at home
11. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York
13. NAME Christiana Tract
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Theresa Schutty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Mrs. Irene J. Carpenter 25-18 Benton
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE Feb. 14 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Newcomer's Brushcreek & Pass.
13 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1937, to 2-11, 1939
I last saw her alive on 2-11-39 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary artery
occlusion 44B. Date of onset 2-11-39
Other contributory causes of importance:
Arteriosclerosis 7-1-37
Branch Pneumonia 2-1-39
Name of operation none 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) J. E. Sheldon M. D.
(Address) 922 Walnut
K. C. W. Co.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Winegard & Co.

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.....

George M. Collier

Licensed Embalmer No.....

3839

P. O. Address.....

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.