

REC'D APR 20 1939

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

12091
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles 2 Registration District No. 756
(b) Township Portage des Sioux 1 Primary Registration District No. 4454
or 5987 Registered No. 8
(c) 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

(a) Residence, No. 615 John Carpenter
Portage des Sioux, 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th, 1859

7. AGE YEARS 79 MONTHS 8 DAYS 9 If LESS than 1 day, hrs. or min.

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. Farmer
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) St. Charles County, Mo (STATE OR COUNTRY)

FATHER 13. NAME Peter Carpenter 0

14. BIRTHPLACE (CITY OR TOWN) France 7 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not Known 9

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

17. INFORMANT John Carpenter (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE March 20 1939

19. FUNERAL DIRECTOR (NAME) Hackman-Baum (ADDRESS) St. Charles Mo

20. FILED March 19 1939 C. A. Barnard, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th 1938 to March 17, 1939. I last saw him alive on March 16th 1939. Death is said to have occurred on the date stated above, at 7:45 A.M. The principal cause of death and related causes of importance were as follows:

Cerebrovascular
of long duration
Date of onset March 15th 1939

Other contributory causes of importance: None

Name of operation None Date of Was there an autopsy? Yes

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) C. A. Barnard, M. D. Portage des Sioux Mo

N. B.—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.

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.....

Licensed Embalmer No.....

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.