

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

REC'D SEP 15 1939

28854
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 174
 (b) Township Yellow Creek Primary Registration District No. 4103
 (c) City Rothville (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 James S. Carpenter

(a) Residence, No. _____ 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 M 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 Vinnie's Carpenter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 4 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. 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) Randolph Co. Mo.

FATHER 13. NAME James M Carpenter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Milton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Russell Carpenter
Rothville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rothville Mo. DATE Aug 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. L. Leopard
Mendon Mo

20. FILED 1939 W. S. Stratton
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1939

I HEREBY CERTIFY That I attended deceased from June 12th 1939 to Aug 19 1939
 I last saw him alive on Aug 19th 1939 Death is said to have occurred on the date stated above, at 106 m.
 The principal cause of death and related causes of importance were as follows:

Endo-arteritis obliterans
Cerebral haemorrhage
with mild hemiplegia!
820
 Other contributory causes of importance:
Arterio-sclerosis with
high blood pressure

Date of onset
6-25-39
6-12-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
 If so, specify _____ (Signed) W. G. Buck M. D.
 (Address) Rothville, 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.

RECEIVED
District Health Officer No. 8
District No. Number
Date Filed 9/3/39

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: *L. L. Luper*

Licensed Embalmer No. *3970*

P. O. Address *Mendon 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, above space should be left blank.