

FILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1345**

Registration District No. **379**

Primary Registration District No. **1002**

Registrar's No. **305**

1. PLACE OF DEATH:  
(a) County **Jackson,**  
(b) City or town **Kansas City,**  
(c) Name of hospital or institution:  
**604 East 41st Street,**  
(d) Length of stay: In hospital or institution **no.**  
In this community **all her life,**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri,** (b) County **Jackson,**  
(c) City or town **Kansas City,**  
(d) Street No. **604 East 41st St.,**  
(e) If foreign born, how long in U. S. A? **no.** years.

3. (a) PRINT FULLNAME **Miss Jessie Carpenter,**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife **no.** 6. (c) Age of husband or wife if alive **x** years

7. Birth date of deceased **October 6 1875**

8. AGE: Years **65** Months **3** Days **14** If less than one day **hr. min.**

9. Birthplace **Missouri,** (City, town, or county) (State or foreign country)

10. Usual occupation **at home,**

11. Industry or business **x**

12. Name **Edward S. Carpenter,**

13. Birthplace **Virginia, /** (City, town, or county) (State or foreign country)

14. Maiden name **Leora Mansborough,**

15. Birthplace **Kentucky, /** (City, town, or county) (State or foreign country)

16. (a) Informant **Ed Carpenter,**

(b) Address **640 West 52nd St., K. C., Mo.**

17. (a) **Burial,** (b) Date thereof **1- -41**

(c) Place: burial or cremation **Forest Hill Abbey,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Jan 21 1941** (b) **M. M. Crowe**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **20th,** year **1941** hour **4:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **May 15 1940** to **January 20 1941** that I last saw her alive on **January 20 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis**

Due to **Severe Dental Infection** 1 year  
**General myocarditis** - 1 year  
Due to **Severe Dental Infection** 1 year

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence **no**  
(c) Where did injury occur? **none**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **D**

23. Signature **Graham Ader** (M. D. or other) **MD**  
Address **1220 Prof. Bldg** Date signed **1-20-41**

Duration **2 weeks**  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Graham Asher,

Proff. Bldg. 1-30.

**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

*Willis H. Bennett*

Registered Apprentice No. *8 282*

working under my personal supervision.

Signed

*[Signature]*

Licensed Embalmer No. *1415*

P. O. Address *J. P. M. O.*

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, fact should be so stated above.