

13743

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942

Registration District No. 72Primary Registration District No. 4041Registrar's No. 7

1. PLACE OF DEATH:

(a) County BOONE
 (b) City or town CENTRALIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 1 YEAR years, months or days)

3. (a) PRINT FULL NAME LEONARD ERNEST CARPENTER3. (b) If veteran, name war ✓ 3. (c) Social Security No. 705-16-0398

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced (MARRIED)
 6. (b) Name of husband MARTIE CARPENTER 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased Feb. 10 - 1892
 (Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 6 If less than one day hr. min.9. Birthplace Boone Co. O Mo.
(City, town, or county) (State or foreign country)10. Usual occupation REGION LABORER

11. Industry or business

MOTHER FATHER
 12. Name THOMAS CARPENTER
 13. Birthplace O Mo.
 14. Maiden name SUSAN NEAL
 15. Birthplace O MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address Walton Carpenter, Stager, Mo17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 18 1942
(Month) (Day) (Year)(c) Place: burial or cremation MT. HOPE18. (a) Signature of funeral director Barnes & Boyd(b) Address of Tinsons, Mo.19. (a) 4/17-1942 (Date received local registrar) (b) Blas. J. Wright (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE 10
 (c) City or town CENTRALIA 1
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 16
year 1942 hour 10 minute 37 M.21. I hereby certify that I attended the deceased from 4/16/42, 19____, to 4/16/42, 19____;
that I last saw him alive on 4/16/42, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Suicide by drinking Phenol Duration _____

Due to _____

Due to _____

Other conditions 1637
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide(b) Date of occurrence 4/16/42(c) Where did injury occur? Centralia Boone Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
homeWhile at work? no (Specify type of place) (a) Means of injury _____23. Signature Blas. J. Wright (M. D. or other) _____Address Centralia Mo Date signed 4/17/42

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39
U.S. GPO: 1939

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.

EXHIBIT 107

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..... *R. E. Boothe*.....

Licensed Embalmer No. *4087*.....

P. O. Address..... *Sturgis, 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.