

Registration District No. 469

Primary Registration District No. 2633

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Laurens

(b) City or town mt. Vernon Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 197 days
(Specify whether years, months or days)

In this community 197 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL.")

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Rose Etta Carpenter

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

3. (c) Social Security No. None

20. DATE OF DEATH: Month June day 22
year 1942 hour 1:30 minute AM

4. Sex Female 5. Color or race Black

6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from Dec 8th 1941 to June 22 1942
that I last saw her alive on June 22 1942
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Nov 7 1925
(Month) (Day) (Year)

Immediate cause of death: Pulmonary tuberculosis over 2 year

8. AGE: Years Months Days If less than one day
16 7 15 hr. min.

Due to.....

Due to.....

Other conditions: (Include pregnancy within 3 months of death) 13 lb

9. Birthplace Charleston Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Farm work

11. Industry or business X

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State).....

(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.....

23. Signature Ethel E. Colburn (M. D. or other).....
Address Mo State Sanatorium Date signed 6-22-42

12. Name Nick Carpenter

13. Birthplace unknown Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Imme Bries

15. Birthplace unknown Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael King Clerk

(b) Address Mo State Sanatorium

17. (a) Removal (b) Date thereof June 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Place of burial or disposition Charleston Mo

(b) Signature of preparer Edw. Fair Kummel
(City, town, or county) (State or foreign country)

19. (a) 6/20/42 (b) Audy Overlund
(Date received local registrar) (Registrar's signature)

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

55
0
0

MOTHER FATHER

1182

RECEIVED

District Health Officer No. 6,

District File Number 242-992

Date Filed JUL 15 1942

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Vermont 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, fact should be so stated above.