

V. S. No. 2
FORM-743
Rev. 5-17-38
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27263

State File No.

3482

FILED AUG 21 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: within O.H.C. City Limits
in auto on way to Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 11 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John L. Carpenter

3. (b) If veteran, name war no. 3. (c) Social Security No. 495-05-5884

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myra M. Carpenter 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 13 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 26 27 hr. min.

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

10. Usual occupation Auditor

11. Industry or business Remington Arms Plant

MOTHER FATHER { 12. Name Charles Horace Carpenter

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

14. Maiden name Catherine Farber

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

16. (a) Informant Mrs. Myra M. Carpenter

(b) Address 3317 Holmes St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

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

19. (a) 8-12-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3317 Holmes Street
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1943 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner to 19;
that I last saw him live on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Acute Coronary Occlusion
Due to 942

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See Above

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 W. E. ... (M. D. or other) M. B.
Address 23rd M. Co. Date signed 8/14/48

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

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: E. M. Plank

Licensed Embalmer No. 1848

P. O. Address H. C. 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.