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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39406

Registration District No. _____ Primary Registration District No. 6266 Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Rural - High Prairie Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home - Route 1 / Seymour (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community: Life (since childhood) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Route One, Seymour. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Isaac Carpenter
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wife Lucy Jane Carpenter.
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: June (Month) 30 (Day) 1863 (Year)

8. AGE: Years 80 Months 3 Days 9 If less than one day: _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) Indiana (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: _____
12. Name (Father): Allen Carpenter
13. Birthplace (Father): Indiana (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Louie Boone
15. Birthplace (Mother): Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Miles Franklin
(b) Address: Seymour Mo. Rt. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Cem.
18. (a) Signature of funeral director: Kelley - Ferrell
(b) Address: Seymour Mo.
19. (a) 9-24-43 (Date received local registrar) (b) Charlotte Brice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1943 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from August 13, 1943 to Sept. 21, 1943 that I last saw him alive on Sept. 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Perirectal Abscess	2 mo.
Due to Rectal fistula	Several Years
Due to	
Other conditions (Include pregnancy within 3 months of death) Post operative infection by extension to Orchidectomy	11 days.

Major findings:
Of operations: —
Of autopsy: —

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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: C. P. Macdonnell (M. D. or other) M.D.
Address: Marshfield, Mo. Date signed 9/22/43

1344 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1143-1300
Date Filed NOV 30 1943

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 H. K. Kelley

Licensed Embalmer No. 3934

P. O. Address Seymour 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.