

S. No. 2
 1-8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13590
 Registrar's No. 1879

FILED MAY 11 1944
 Registration District No. 1949

Primary Registration District No. 1002

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

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:
St. Marys Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community 20 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3004 west 43rd. st.
 (If rural, give location)
 (e) Citizen of foreign country? 2 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Harry W. Carpenter

3. (b) If veteran,
 name war none

3. (c) Social Security
 No. 487-05-2237

4. Sex male 5. Color or
white 6. (a) Single, widowed, married,
divorced married
 6. (b) Name of husband or wife Ida Carpenter 6. (c) Age of husband or wife if
 alive 38 years
 7. Birth date of deceased Jan. 16 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 13 hr. min.

9. Birthplace Cherry Co. Neb. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Yardman

11. Industry or business self

MOTHER FATHER { 12. Name Carpenter 9
 13. Birthplace No record 9
 (City, town, or county) (State or foreign country)
 14. Maiden name No record
 15. Birthplace No record. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Carpenter
 (b) Address 3004 west 43rd. st.

17. (a) burial (b) Date thereof 5/1/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home
 (b) Address 1901 Olath Blvd.

19. (a) 5-1-44 (b) R. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
4/21/44, 19____, to 4/29/44, 19____;
 that I last saw him alive on 4/29/44, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4/30/44
 Due to Essential Hypertension
 Due to _____

Other conditions g3a!
 (Include pregnancy within 3 months of death)

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) _____
 (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?

(Specify type of place) _____
 While at work? _____ (e) Means of injury ○
 23. Signature J. M. Dunning (M. D. or other)
 Address 1401 S. W. Blvd. Date signed 4/30/44
R. E. R.

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..... *Wm L Ward*.....

Licensed Embalmer No..... *3991*.....

P. O. Address..... *309 E 67th St*.....

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.