

FILED JUN 20 1944

Primary Registration District No. 3076

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Wagon
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
 (Specify whether
 In this community 58 years
 years, months or days)

3. (a) PRINT FULL NAME Florence Ethel Carpenter

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Lewis Carpenter 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased April 28 1896
 (Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 21 If less than one day
 hr. min.

9. Birthplace Deersfield Mo
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Anas Hamaker
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Bachy Kinchel
 15. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Carpenter(b) Address Moundville Mo17. (a) Burial (b) Date thereof May 22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Deersfield, Mo.18. (a) Signature of funeral director Finn Funeral Home(b) Address Nevada Mo19. (a) 5-22-44 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
 (c) City or town Deersfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour 6 minute 00 A.M.21. I hereby certify that I attended the deceased from JAN 3
1944 to MAY 19 1944
that I last saw her alive on MAY 18 1944
and that death occurred on the date and hour stated above.Immediate cause of death Left Myocardial Infarct. Duration 10 DA.Due to Chr Hypertensive C U Disease 16 yrsDue to Chr Myocarditis AND VALVULAR DISEASE 5 yrs.Other conditions Venous thrombosis Lower Extremities 2 Mo
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 100

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

(e) 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 Wm H Allen MD (M.D. or other)Address Nevada Mo Date signed 5/2/44

JUN 5 1944

RECEIVED

District Health Officer No. 71

District File Number 5-44-670

Date Filed 6-2-44

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed *[Handwritten Signature]*

Licensed Embalmer No. 1760

P. O. Address Nevada 720

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.