

FILED DEC 7 1944

Registration District No. 83

Primary Registration District No. 5314

Registrar's No.

1. PLACE OF DEATH:

(a) County. COOPER  
(b) City or town. PRATIE HOME  
(c) Name of hospital or institution: *camp*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. *1*  
In this community *1* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. COOPER  
(c) City or town. RURAL PRATIE HOME  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME. WARREN ELLAYD CARPENTERY ST.

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

4. Sex. MALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife. OLA CARPENTERY 6. (c) Age of husband or wife if alive. 56 years  
7. Birth date of deceased. 28 1882 (Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation. FARMING

11. Industry or business.

12. Name. GEORGE A. CARPENTERY

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

14. Maiden name. MARY DE BECKHOFF

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

16. (a) Informant. Warren E. Carpentery

(b) Address. Kansas City, Mo.

17. (a) BURIAL (b) Date thereof. 11-18-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. PISCATAWAY C.E.M.

18. (a) Signature of funeral director. C. Albert Hornbeek

(b) Address. Prairie Home, Mo.

19. (a) Nov. 20, 1944 (b) M. D. Reuzer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 - 1944 year hour minute M.

21. I hereby certify that I attended the deceased from June 1944 to Nov 1944 that I last saw him alive on 14 Nov. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of the descending colon  
Due to. Cancer

Due to. H&E

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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) (c) Means of injury.

23. Signature. Dr. A. L. Meredith (M. D. or other)

Address. Prairie Home, Mo. Date signed. 12/19/44

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

2700

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 12-5-44

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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed G. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Grace Home 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.