

Dr. J. A. Hae.

36555

State File No.

Registrar's No. 93

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 27 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 6089

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Pleasant Gap Twp.
(c) Name of hospital or institution: Home RFD 5, Butler, Missouri
(d) Length of stay: In hospital or institution _____
In this community Born and lived in Bates Co.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural RFD 5
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Bentley Carpenter

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Della Carpenter 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased January 23 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 15 hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name James Carpenter
13. Birthplace Kentucky
14. Maiden name Mary B. Bentley
15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Carpenter

(b) Address RFD 5, Butler, Missouri
17. (a) Burial (b) Date thereof Nov 9-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Double Branch
Culver-Underwood

18. (a) Signature of funeral director _____
(b) Address Butler, Missouri

19. (a) Nov. 8-45 (b) J. Kendall Roney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 7
year 1945 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Oct. 5, 1945
Nov. 4th, 1945 to Nov. 4th, 1945
im alive on Nov. 4th, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death coronary thrombosis

Secondary Nephritis
and chronic hypertension

Other conditions _____
(Include pregnancy within 3 months of _____)

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. D. Laffner (M. D. or other) _____
Address Butler, Mo Date signed 11/11/45

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 John H. Anderson
Licensed Embalmer No. 3885
P. O. Address Butler 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.