

S. No. 2
M-5-43
P. 5-17-39
I X36671

FILED JUL 29 1946
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2628 Folsom
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")

(d) Street No. 2628 Folsom /
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Oscar Carpenter

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Jane Carpenter

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 6 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>9</u>	<u>20</u>	hr. min.

9. Birthplace Old Boston Culpeper Co. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation salesman

11. Industry or business Labrunnery Insurance Co.

MOTHER FATHER

12. Name Matthew Carpenter

13. Birthplace Rappahannock Co. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy M. Smith
(City, town, or county) (State or foreign country)

15. Birthplace Culpeper Co. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles O. Carpenter

(b) Address 2628 Folsom

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 28/46
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter B. Hall & Bauman

(b) Address St. Joseph, Mo.

19. (a) July 1, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 19,
1946 to June 26, 19 46

that I last saw him alive on June 26, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature E. E. Bauman (M. D. or _____)

Address 211 N. 1st St. Bldg Date signed 6-28-46

John, Kelly, C

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 *Eugene Wood*
Licensed Embalmer No. *3804*
P. O. Address *319 W 10th St Joseph, 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.