

FILED OCT 4 1947

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alex Van Rensselaer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community one day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town New Franklin Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. Broadway 0
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ELLA RAWLINS CARPENTER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. W. Carpenter 6. (c) Age of husband or wife if alive dece. years
7. Birth date of deceased Feb. 13 - 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 26 hr. 0 min.

9. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Ellis Cox
13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Essie Rawlins
15. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Deussen
(b) Address New Franklin Mo.

17. (a) Removal (b) Date thereof Sept 9 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation My Deussen

18. (a) Signature of funeral director W. J. Deussen
(b) Address New Franklin Mo.

19. (a) 9-12-47 (b) W. J. Deussen
(Date received local registrar) (Registrar's signature) 291

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1947 hour _____ minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug 1935
2 1935 to Sept 9 1947
that I last saw her alive on Sept 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexia Cerebri
Due to hypertension.

Duration
6 hours.

Due to _____

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

Major findings: Of operations None
Of autopsy None

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 Ellis Rawlins (M. D. or other)
Address Boonville Mo. Date signed 9-11-47

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

27
1
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-3-47

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.