G. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 187

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 150

**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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three days (Specify whether
In this community 15 years
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. 1933 Wank Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LENORA B. CARPENTER
3. (b) If veteran name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William E.
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased September (Month) 7, (Day) 1876 (Year)

8. AGE: Years 71 Months 4 Days 28 If less than one day ....hr. ....min.

9. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home

FATHER
12. Name Solomon Bridingham
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Flaherty
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Ethel Humphrey (daughter)
(b) Address 1933 Wank Ave., City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasanton, Kansas
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 2-7-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 202

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 5, year 1948 hour 12 minute :40 A. M.

21. I hereby certify that I attended the deceased from 7-20-47, 19..., to 2-5-48, 19...; that I last saw her alive on 2-4-48, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pneumonia, Hypostatic | 6 days |
| Due to Hemorrhage Cerebral | 6 days |
| Due to Hypertension Arterial | |
| Other conditions Hypertensive Heart Dis. (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 93D

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N C Senne (M. D. or other)
Address 207 Phy & Surg St. Joseph, Mo Date signed 2-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 E. Rupp

Licensed Embalmer No. 3986

P. O. Address 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.