

FILED AUG 11 1948

Registration District No. **376**

Primary Registration District No. **3059**

1. PLACE OF DEATH:

(a) County **St. Francis**
(b) City or town **Bonne Terre Hospital, Bonne Terre, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **11**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME **Paul H. Carpenter**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **49303-9268**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Helena Boya Williams Carpenter** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **March 1 1886**
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **0** If less than one day hr. _____ min. _____

9. Birthplace **New Castle, Pennsylvania**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business **St. Joseph Lead Co.**

12. Name **Hamilton M. Carpenter**

13. Birthplace **Piquette, Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Boyan**

15. Birthplace **New Castle, Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myself P. Carpenter (son)**

(b) Address **Phoenix, Arizona**

17. (a) **Burial** (b) Date thereof **July 3 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Francis Memorial P. Cemetery**

18. (a) Signature of funeral director **Alvin W. Wood**

(b) Address **303 Crane St. St. Paul, Mo.**

19. (a) **8-9-48** (b) **Catherine Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**
(c) City or town **Levin, Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1st** year **1948** hour **3** minute _____ a. M.

21. I hereby certify that I attended the deceased from **July 1 1948** to **July 30 1948** that I last saw him alive on **July 30 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis**
Due to **Coronary Disease & Myocarditis**
Duration **5 Min.**
4 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **AD**

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) (e) Means of injury _____

23. Signature **Doc H. Walker** (M. D. or other)

Address **Warrensburg, Mo.** Date signed **8-5-48**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 4
District File Number 848-1000
Date Filed 8-10-48

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 Alvin W. Hood
Licensed Embalmer No. 2780
P. O. Address 303 Cass St. Fairport

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.