

Registration District No. 282

Primary Registration District No. 4425

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Morrisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Morrisville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Wilbur Grant Carpenter
3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month Oct. day 5
year 1948 hour 9 minute _____ P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ivy Carpenter 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct. 8 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 15 or 20
years - 19 to Oct 5 19 48
that I last saw him alive on Oct 5 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death 1
Coronary Thrombosis Duration _____

8. AGE: Years Months Days If less than one day
68 11 27 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Piqua Ohio
(City, town, or county) (State or foreign country)

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

10. Usual occupation farmer

11. Industry or business _____

Major findings:
Of operations _____

MOTHER FATHER { 12. Name John C. Carpenter
13. Birthplace Penn.
(City, town, or county) (State or foreign country)

Of autopsy 0
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

{ 14. Maiden name Rebecca Darlington
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ivy Carpenter
(b) Address Morrisville, Mo.

17. (a) burial (b) Date thereof Oct 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrisville Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) Oct 9, 1948 (b) Ralph Gorden
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury 0

23. Signature Ralph Gorden (M. D. or other) _____
Address Bolivar, Mo. Date signed _____

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

4
50

RECEIVED

District Health Officer No. 71

District File Number 9-48-1176

Date Filed 10-19-48

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 *Walter D. Davis*.....

Licensed Embalmer No.....3053.....

P. O. Address Bolivar, 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.