

No. 2  
-12-45  
5-17-39  
X47070

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

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35487**  
Registrar's No. **286**

FILED NOV 29 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **4004**

1. PLACE OF DEATH:

(a) County **Andrew**  
(b) City or town **Bolckow**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **6.5 yrs.** (years, months or days)

3. (a) PRINT FULL NAME **Joseph B. 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 **Samuel R. Carpenter**  
6. (c) Age of husband or wife if alive, **17** years (Month) (Day) (Year)  
7. Birth date of deceased **17-1-1870** (Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

12. Name **James Sargent**  
13. Birthplace **Illinois** (City, town, or county) (State or foreign country)  
14. Maiden name **Julia Yecht**  
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **John Carpenter**  
(b) Address **Bolckow - Mo**

17. (a) **Burial** (b) Date thereof **11-13-48** (Month) (Day) (Year)  
(c) Place: burial or cremation **Bolckow Cem -**

18. (a) Signature of funeral director **G. M. Atchison**  
(b) Address **Maryville - Mo.**

19. (a) **11-13-48** (Date received local registrar)  
(b) **Lillian Sparks** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**  
(c) City or town **Bolckow** (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 **Nov.** day **9** year **1948** hour \_\_\_\_\_ minute **30 P.** M.  
21. I hereby certify that I attended the deceased from **July - 15** 19**48** to **Nov 9** 19**48**  
that I last saw her alive on **Nov - 7 - 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial stenosis from shock.**  
Due to **Death of husband 11 hours before**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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 **W. S. [unclear]** (M. D.)  
Address **Bolckow, Mo.** Date signed **11-18**

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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 *L. M. Atchison*

Licensed Embalmer No. *3379*

P. O. Address *Maryville, 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.**