

FILED DEC 28 1948

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

Primary Registration District No. **3017**

Registrar's No. **175-**

1. PLACE OF DEATH:

(a) County **COOPER**  
(b) City or town **BOONVILLE MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BOONSLICK BOARDING HOME**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 year**  
(Specify whether  
In this community **82**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**  
(c) City or town **BUNGETON Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM CARPENTER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov 16 1866**  
(Month) (Day) (Year)

8. AGE: Years **82** Months \_\_\_\_\_ Days **16** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **FARMER**

11. Industry or business **Retired**

12. Name **Robt L Carpenter**

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

14. Maiden name **Percilla A Robinson**

15. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Scott**

(b) Address **Jefferson City Mo**

17. (a) **burial** (b) Date thereof **12-4-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BUNGETON Mo**

18. (a) Signature of funeral director **L. G. PARKER**

(b) Address **BUNGETON Mo**

19. (a) **12-6-48** (b) **DeLooper**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **2**  
year **1948** hour **10:10** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 1948** to **Dec 2 1948**  
that I last saw him alive on **Nov 28 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Interstitial nephritis**  
Due to **Diabetes mellitus**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **W. L. DeLooper** (M. D. or other) **MD**  
Address **Boonville Mo** Date signed **12/3/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-17-48

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 \_\_\_\_\_

myself, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed W. G. Parker

Licensed Embalmer No. 25-47

P. O. Address Burton 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.