

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30141
4172

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 10 yrs.		d. STREET ADDRESS 1319 (If rural, give location) 1110 Holmes	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Guy b. (Middle) _____ c. (Last) Carpenter		4. DATE OF DEATH (Month) (Day) (Year) 9 - 28 - 19	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 11 - 10 - 91
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME William Carpenter		13b. MOTHER'S MAIDEN NAME Ollie Roark	
13c. NAME OF HUSBAND OR WIFE 192 CARPENTER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Hazel Hays		ADDRESS 1319 HOLMES	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Garcinoma tosis Tuberculosis DUE TO (c) spine + pulmonary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 102X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8 - 10 , 19 49 , to 9 - 28 , 19 49 , that I last saw the deceased alive on 9 - 28 , 19 49 , and that death occurred at 11:00 m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. W. Hart (Degree or title)		23b. ADDRESS Med. Dir. General Hospital No. 3	
23c. DATE SIGNED 9-28-19			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept. 29, 1949	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Eldon, Mo.	
DATE REC'D BY LOCAL REG. 9-29-49		REGISTRAR'S SIGNATURE Sheldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE CO.		ADDRESS KANSAS CITY MO	

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



(Handwritten signature)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. J. Allin*
Licensed Embalmer No. *1415*
P. O. Address *H. E. No*

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.