S. No. 2
0M—5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23633

Registration District No. 55 Primary Registration District No. 3e11 Registrar's No. 208

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 603 N. Main (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Carrollton (If outside city or town limits, write "RURAL.")
(d) Street No. 603 N. Main (If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Rock Painter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Cora Herndon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 27 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	10	4	hr. min.

9. Birthplace Carroll Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Journalist
11. Industry or business

FATHER
12. Name Samuel L. Painter
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sally Rock
15. Birthplace Carroll Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Hudson Cooper
(b) Address Carrollton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Standley & Gibson
(b) Address Carrollton Mo
19. (a) 7/3/47 (Date received local registrar) (b) Mrs Hubert Calmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1947 hour 6 minute 00 A.M.
21. I hereby certify that I attended the deceased from July 1, 1947 to July 1, 1947
that I last saw him alive on July 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial infarction — Duration
Due to
Due to
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? O (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Atwood (M. D. or other) MD
Address Carrollton, Mo Date signed 7/2/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-14-47
SEP 19 1947

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 Ben W. Gibson

Licensed Embalmer No. 296

P. O. Address Carrollton 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.