

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____
FILED FEB 12 1940

Primary Registration District No. 5306

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Salina
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community 1 1/2
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME James Franklin Carpenter

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Langly Carpenter 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 2 4 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Prairie Home MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Carpenter

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

14. Maiden name Mary Langly

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

16. (a) Informant's own signature Jas Carpenter

(b) Address Woodridge MO

17. (a) Burial (b) Date thereof 1-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion Cem

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home MO

19. (a) Jan 11-40 (b) J. C. Neider
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cooper

(c) City or town Prairie Home
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1940 hour 2 minute 13 P M.

21. I hereby certify that I attended the deceased from 1-4
_____ 1940 to 1-6 1940

that I last saw him alive on 1-6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tobacco Pneumonia

Due to Influenza

Due to _____

Other conditions 11/2
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 A R Meredith (M. D. or other) _____

Address Prairie Home MO signed 1-8-40

Duration

1 5/10

13/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8
District File Number
Date Filed 1/14/40

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.