

Mrs. Mattie Carpenter

LANDRUM, Apr. 16 —Mrs. Mattie L. Carpenter, 84, widow of J. S. Carpenter, died at 4 p. m. Sunday at her home in Landrum after declining health for some time and a serious illness of three days.

Mrs. Carpenter was the daughter of the late Henry and Jane Brian Liles. She was a member of the Landrum First Baptist Church.

Surviving are three daughters, Mrs. C. J. Stover of Landrum, Mrs. B. A. Cook of Walterboro and Mrs. J. F. Scott of St. George, four sons, Frank and Liles Carpenter of Landrum, Julian Carpenter of Dillon, Route 1, and Sidney Carpenter of Union, and two grandchildren.

Funeral services will be Tuesday afternoon at 2.30 o'clock at the Landrum First Baptist Church conducted by the Rev. C. D. Prince, the Rev. R. A. Brooks and the Rev. N. K. Polk. Interment will be in the Landrum Cemetery.

Further announcements by Petty Funeral Home.

Mrs. Mattie Carpenter

LANDRUM — Funeral services for Mrs. Mattie Lella Carpenter, 84, who died Sunday afternoon after an illness of 3 days, will be held Tuesday afternoon at 3:30 at the First Baptist Church.

The Revs. C. B. Prince, R. A. Brooks and N. K. Polk will officiate. Burial will be in the Landrum Cemetery.

Mrs. Carpenter was the daughter of the late Henry and Jane Brian Liles. She was a wife of the late J. S. Carpenter. She was a member of the First Baptist Church.

Surviving are: 3 daughters, Mrs. C. J. Stover of Landrum, Mrs. B. A. Cook of Walterboro and Mrs. J. N. Scott of St. George; 4 sons, Frank Carpenter and Liles Carpenter of Landrum, Julian Carpenter of Dillon and Sydney Carpenter of Union; and 2 grandsons.

Petty Funeral Home is in charge of arrangements.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH

Registration Dist. No. 4001-A
Registrar's No. 474Division of Vital Statistics—State Board of Health
State of South CarolinaState File No. 44-042

1. PLACE OF DEATH:

- (a) County Spartanburg
(b) City or town Landrum
(If outside city or town limits, write RURAL)
(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 Life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State S.C. (b) County Spartanburg
(c) City or Town Landrum
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Mattie Leila Carpenter3. (b) If veteran,
name war 03. (c) Social Security
No. 04. Sex F race W divorced Widowed6. (b) Name of husband or wife J.S. Carpenter 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March 18th. 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 0 28 hr. min.9. Birthplace Spartanburg Co. S.C.
(City, town, or county) (State or foreign country)10. Usual occupation Domestic

11. Industry or business

Mother { 12. Name Henry Liles
13. Birthplace Polk Co. N.C.
(City, town, or county) (State or foreign country)14. Maiden name Jane Brian15. Birthplace Spartanburg Co. S.C.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature F. & L. Carpenter(b) Address Landrum, S.C.17. (a) burial (b) Date thereof 4/18/50
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place; burial or ~~removal~~ Landrum Cem.18. (a) Signature of funeral director Tolly W. Petty(b) Address Landrum, S.C.19. (a) June 5, 1950
(Date received local registrar)(b) C. L. Maybury
(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 16th.
year 1950 hour 4 P.M. minute _____21. I hereby certify that I attended the deceased from
4/13, 1950, to 4/16, 1950:
that I last saw her alive on 4/16, 1950:
and that death occurred on the date and hour stated above.

Immediate cause of death

Lineal from

Due to _____

Due to _____

Other conditions

(Include pregnancy within three 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? _____
(Specify type of place)

23. Signature W. L. Petty (M.D. or other) _____
Address Landrum S.C. Date signed 4/19/50

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.