

FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21179
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Co Registration District No. 318
(b) Township _____ Primary Registration District No. 2001
(c) City Springfield (d) Street No. _____ Registered No. 449
(If death occurred in Hospital or Institution, write its name instead of street and number) Baptist Hosp. St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NOLA FAY CARTER

(a) Residence, No. Arbuckle 12-3-700 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Harry Mack Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Near Mt Vernon
(STATE OR COUNTRY) Lawrence Co Mo

13. NAME Jerome Mullins

14. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary P. Smith

16. BIRTHPLACE (CITY OR TOWN) Lawrence Co Mo
(STATE OR COUNTRY) _____

17. INFORMANT Harry Mack Carter
(ADDRESS) Arbuckle 12-3-700

18. BURIAL, CREMATION, OR REMOVAL PLACE Halltown Cem DATE 6-18-42 1942

19. FUNERAL DIRECTOR (NAME) Wellace Funerals
(ADDRESS) By E J Floyd Sillings MO

20. FILED 6-17 19 420 N. S. Handley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1942, to June 16, 1942

I last saw him alive on June 16, 1942. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Surgeal Shock
following removal
of 25 lb. uterine fibroid

Other contributory causes of importance: 56 lb

Name of operation Hysterectomy Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) E. C. Rodgers, M. D.
(Address) Greene Co Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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 me

....., Registered Apprentice No. Gene Wallace Funeral Home
working under my personal supervision.

Signed C J Lloyd

Licensed Embalmer No. 3527

P. O. Address Billings 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, above space should be left blank.