

FILED JAN 16 1945

State File No. _____

Registration District No. 257

Primary Registration District No. 3028

Registrar's No. 284

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
517 E. 4th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Reeds 5
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Eva May Nolder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John F. Nolder 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased December 23 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Winslow Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Tom J. Sparks
13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Milligan
15. Birthplace Dayton Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Estis

(b) Address Reeds, Missouri

17. (a) Removal (b) Date thereof Jan. 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pearidge, Arkansas

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec. 30 '44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1944 hour 6:30 minute a. M.

21. I hereby certify that I attended the deceased from Aug 11 1944 to Dec 26 1944
that I last saw him alive on Dec 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Subacute myocarditis and nephritis with toxæmia
Duration 8

Due to fractured vertebrae
Due to car wreck
due to car wreck off highway
1700 50

Other conditions: (Include pregnancy within 3 months of death)
Major findings: of operation: Hernia she dove off highway
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) Accident 136
(b) Date of occurrence Aug 2 1944
(c) Where did injury occur? Vandalia Ill
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway
(Specify type of place) (4. Means of injury) Automobile

23. Signature P.A. Nestor (M. D. or other)
Address Carthage Mo Date signed Dec 27 44

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

MOTHER FATHER

1203

(Licensed Embalmer's Statement on Reverse Side)

44-12-1082

NOV 5, 1942

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.....
Ernest R. Stuebel

Licensed Embalmer No.....
391

P. O. Address.....
Carthage

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.