

No. 2  
2-43  
17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAR 11 1946  
Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 2000

State File No. 5218  
Registrar's No. 110

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(d) Length of stay: 4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Oregon  
(c) City or town Alton Rural  
(d) Street No. /  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ezekiah Cartee  
3. (b) If veteran, name war No.  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 1 year 1946 hour 1:00 minute P.M.

4. Sex male  
5. Color or race wht  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Cora Nettie Cartee  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Jan 28 1884

21. I hereby certify that I attended the deceased from 1-28 1946 to 2-1-46  
that I last saw him alive on 2-1-46  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured Sanguine Spleen, Pulmonary Hemorrhage, Peritonitis  
Duration: 1 wk, 1 day, 1 wk.

8. AGE: Years 62 Months 0 Days 3

Due to: Peritonitis  
Due to:  
Other conditions:  
Major findings:  
Of operations:  
Of autopsy:

9. Birthplace UNK. Mo  
10. Usual occupation Farmer

11. Industry or business:  
12. Name Forester Cartee  
13. Birthplace Unknown UNK.  
14. Maiden name Prudee Flannery  
15. Birthplace Unknown UNK.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Nettie Cartee  
(b) Address Alton Mo

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Removal (b) Date thereof 2-1-46  
(c) Place: burial or cremation Myrtle Cemetery  
18. (a) Signature of funeral director Dr. Johnson  
(b) Address Springfield Mo  
19. (a) 2-1-46 (b) Dr. W. E. Handley

23. Signature [Signature] M. D. or other)  
Address Springfield, Mo Date signed 2-1-46

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

4215

MOTHER FATHER

75  
9  
8  
1  
P.M.  
19  
19  
1 wk.  
1 day  
1 wk.  
127  
0  
4

**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 *L. Paul Gorman*  
Licensed Embalmer No. 3177  
P. O. Address Springfield 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.**

X