

FILED JUN 12 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 433

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 626 So. Campbell /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 626 So. Campbell 6
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MRS. AREBELLE CARTER
3. (b) If veteran, name war UNK 3. (c) Social Security No. None
4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Tolliver Carter 6. (c) Age of husband or wife if alive Dee. years
7. Birth date of deceased October 19, 1860
(Month) (Day) (Year)

20. DATE OF DEATH: Month May day 18
year 1944 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from Jan. 1944 to May 18 1944
that I last saw her alive on May 16th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion and degeneration of old age
Due to _____
Due to _____

Duration

8. AGE: Years Months Days If less than one day
✓ 85 6 29 hr. min.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Townley Rose
13. Birthplace Middleeast Tenn. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Rainey
15. Birthplace Unknown UNK. A
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Rose. (half-bro)

(b) Address 1600 W. Elm, S.P.E.D., Mo.

17. (a) Burial (b) Date thereof May 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis, S.P.E.D., Mo.

19. (a) 5-21-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy [Signature]

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) _____
(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 [Signature] (M. D. or other) _____
Address Springfield, Mo. Date signed 5/29/46

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

MOTHER FATHER

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 *Lewis G. Schapiro*.....

Licensed Embalmer No. *38102*.....

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