

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

**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: Mc-Cune Brooke Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Carl Edward Nowell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 551-01-8969

4. Sex M D 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chloe Ellen Nowell

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec 18 1900  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>47</u>	<u>10</u>	<u>7</u>	hr. min.

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

10. Usual occupation Mechanic

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Edward Taylor Nowell

13. Birthplace Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Beckett

15. Birthplace Pierce City Missouri  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Chloe Ellen Nowell

(b) Address Sarcosie Mo Rt 2

17. (a) Burial (b) Date thereof Oct 28 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director H. D. Fossett

(b) Address Wetheron, Mo.

19. (a) 10-27-1948 (b) R. B. Clinton  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Laurie <sup>53</sup>

(c) City or town Stotts City Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles West of Stotts City  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 25  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-18  
1948 to 10-25 1948

that I last saw him alive on 10-25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis Duration 10 da

Due to Intestinal Obstruction 10 da

Due to \_\_\_\_\_

Other conditions: 22P  
(Include pregnancy within 3 months of death)

Major findings: Same as above **PHYSICIAN**

Of operations \_\_\_\_\_

Of autopsy Same as above  
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 1

Signature Russel Smith (M. D. or other) MD

Address Carthage Mo Date signed 10-25-48

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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.....

*By me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Max L. Truett*

Licensed Embalmer No. *4252*

P. O. Address *W. Vernon, 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.**