U. S. No. 2
OM—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24758

State File No.

FILED AUG 13 1945

Registration District No. 24

Primary Registration District No. 5996

Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County PUTNAM
(b) City or town Rural — Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community ALL HER LIFE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PUTNAM
(c) City or town UNIONVILLE R.F.D. 2
(If outside city or town limits, write "RURAL")
(d) Street No. UNIONVILLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NOLA PEARL LUPTON
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EVERETT LUPTON
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased NOVEMBER (Month) 4 (Day) 1898 (Year)
8. AGE: Years 46 Months 8 Days 13 If less than one day hr. min.
9. Birthplace PUTNAM Co. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HOUSE WORK
FATHER 12. Name JOHN H VINCENT
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name BARBARA CROOKS
15. Birthplace PUTNAM Co. MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant E Everett Lupton
(b) Address Unionville, Mo RT No 1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19 1945 (Month) (Day) (Year)
(c) Place: burial or cremation UNIONVILLE CEMETERY
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address UNIONVILLE Mo By John D Comstock
19. (a) 8/2/45 (Date received by local registrar) (b) C E Kelly

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17
year 1945 hour 05 minute 25 P.M.
21. I hereby certify that I attended the deceased from Nov. 10, 1944 to July 17 1945
that I last saw her alive on July 17 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: TUBERCULOSIS OF LUNG.	2 YRS
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: B/S	
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. W. Gillum (M. D. or other) DO
Address UNIONVILLE Date signed MO

1099 (Licensed Embalmer's Statement on Reverse Side)

7/18-48

AUG 20 1945

RECEIVED
District Health Officer No. 10
District File Number 8-45-1207
Date Filed AUG 10 1945

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 John N. Comstock

Licensed Embalmer No. 2891

P. O. Address Unionville, 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.