S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41226

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1087

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: Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hrs. (10) (Specify whether
In this community years (years, months or days) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk 84
(c) City or town Aldrich Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Nola Cavender Speight
3. (b) If veteran, name war None
3. (c) Social Security No. unk.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr Clyde Speight - Died 1933
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan. (Month) 22 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	11	7	hr. min.

9. Birthplace Dade County (City, town, or county) Missouri U (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home Maker
FATHER
12. Name Dr T. J. Cavender
13. Birthplace ~~Tennessee~~ unk. Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Potter
15. Birthplace ~~Kentucky~~ unk. Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mr Gene Brim
(b) Address Walnut Grove, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery
18. (a) Signature of funeral director Gene A. Brim
(b) Address Walnut Grove Mo.
19. (a) 1-2-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 year 1945 hour 3 minute 15 a.M.
21. I hereby certify that I attended the deceased from Dec 24th, 1945 to Dec 28th, 1945; that I last saw her alive on Dec 28th, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fat Embolus	
Due to Fall, Fractured Hip Sent her to Hospital on Dec 28th.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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
(b) Date of occurrence About Dec 15th, 1945 84
(c) Where did injury occur? Aldrich (City or town) Polk (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home in Aldrich (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature J. J. Barber M.D. (M. D. or other)
Address Walnut Grove, Mo Date signed Jan 1st 1946

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(Licensed Embalmer's Statement on Reverse Side)

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 Warren D. Noblitt

Licensed Embalmer No. 4005

P. O. Address Ash Grove 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.