. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 758
Registrar's No. 50

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

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 420 E. Commercial Missouri Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 53 yr. 2 mo. 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1024 W. Elm
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lowell Hubert Carter
3. (b) If veteran, name war None
3. (c) Social Security No. 486-24-1087
4. Sex Male 9
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Carter
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased November 15, 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	2	3	hr. min.

9. Birthplace Christian Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Trucker
11. Industry or business Furniture Business
FATHER
12. Name E. T. Carter,
13. Birthplace unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Drussa Turner Unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Amanda Carter,
(b) Address 1024 W. Elm St., Spg. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Glenn Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 1-19-48 (Date received local registrar) (b) W. E. Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1948 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from No physician in attendance, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 3
While at work? (e) Means of injury
23. Signature W K Webb Judge Magistrate Court 1 (M. D. or other)
Address Acting Coroner Green Co Court House Date signed 1-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 14 1949

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 Mat Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.