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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15975

FILED JUN 1 1948
Registration District No. 1928

Primary Registration District No. 2000

Registrar's No. 424

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 (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence 55
(c) City or town: Mt Vernon (If outside city or town limits, write "RURAL") 3
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: Ella Arnette Carbough
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Not given
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 30, (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	21	hr. min.

9. Birthplace: Craig, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Housewife
11. Industry or business:
FATHER 12. Name: George Claiborne
13. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country) 1
MOTHER 14. Maiden name: Mary Sedgwick
15. Birthplace: Luray, (City, town, or county) Virginia (State or foreign country) 1
16. (a) Informant: Dr. Glenn Carbough
(b) Address: Kansas City, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City, Missouri
18. (a) Signature of funeral director: Gorman-Scharpf Funeral Home
(b) Address: Springfield, Missouri
19. (a) 5/21/48 (Date received by local registrar) (b) W L Handley MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 21, year: 1948 hour: 4 minute: 55 A.M.
21. I hereby certify that I attended the deceased from 5-13-48, 19..., to 5-21-48, 19...; that I last saw her alive on 5-20-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Appendicitis (Ruptured)	
& Peritonitis	7 days
Due to	
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)
While at work:
(e) Means of injury: 0
23. Signature: L Simpson MD (M. D. or other)
Address: Springfield, Mo. Date signed: 5-21-48

Jefferson City Printing Co.
(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 Harry Ayre Registered Apprentice No. 479 working under my personal supervision.

Signed L Dorlin Forman

Licensed Embalmer No. 3177

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.