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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1948

Registration District No. 28

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 32554

Registrar's No. 987

**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: 1907 N. Douglas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 74 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1517 N. Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Ann Carter
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sterling Carter
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Aug. (Month) 24 (Day) 1868 (Year)

8. AGE: Years 80 Months 2 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housewife
FATHER
12. Name Abner A. Marks
13. Birthplace (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Emmaline Ross
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Mrs. Hubert Walker
(b) Address 1907 N. Douglas
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield
19. (a) 11-12-48 (Date received local registrar) (b) W. E. Hartley M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 9
year 1948 hour 2 minute 30 a. m.
21. I hereby certify that I attended the deceased from March 25, 1947, to Nov 8, 1948, that I last saw her alive on 11-8-48, 19..., and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocardial insufficiency | 1 yr. |
| Due to Coronary sclerosis | years |
| Due to Generalized arteriosclerosis, severe | years |
| Other conditions (Include pregnancy within 3 months of death) Diabetes Mellitus | |

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)
(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
23. Signature R. M. Klingner (M. D. or other) M.D.
Address 1630 N. Jefferson Date signed 11-10-48

(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 Max C. 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.**