

Registration District No. 839 Primary Registration District No. 6101 Registrar's No. 1

1. PLACE OF DEATH: Stoddard
 (a) County Stoddard
 (b) City or town Essay, Mo. R. 2
 (c) Name of hospital or institution: none
 (d) Length of stay: In hospital or institution 7
 In this community all her life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Essay, Mo. R. 2
 (d) Street No. ---
 (e) If foreign born, how long in U. S. A. --- years

3. (a) PRINT FULL NAME Maggie Gatie, 270
 (b) If veteran, name war ---
 (c) Social Security No. ---
 4. Sex F 5. Color or race negro
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife ---
 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased Oct 17 - 36

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 2 year 1940 hour 12.30 minute PM
 21. I hereby certify that I attended the deceased from Dec 12-39
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Meningitis Duration 17

8. AGE: Years 3 Months 2 Days 16
 9. Birthplace Parma, Mo.
 10. Usual occupation ---
 11. Industry or business ---
 12. Name William Gatie
 13. Birthplace Disare, Ark.
 14. Maiden name Rebecca Thompson
 15. Birthplace Disare, Ark.

Due to Influenza
 Due to ---
 Other conditions ---
 Major findings: ---
 Of operations ---
 Of autopsy no.

16. (a) Informant's own signature M. Muckey
 (b) Address Essay - Mo. R. 2
 17. (a) Inter. Cem. (b) Date thereof 1-3-40
 (c) Place: burial or cremation Inter. Cem.
 18. (a) Signature of funeral director ---
 (b) Address ---
 19. (a) Jan 2 - 40 (b) J. P. Brecken

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? ---
 (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 J. P. Brecken (M. D. or other)
 Address Essay, Mo. Date signed 1-2-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No.

District File Number 242-64

Date Filed 2/27/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.