

Registration District No. 89

Primary Registration District No. 5137A

State File No. _____

Registrar's No. 40

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

1. PLACE OF DEATH

(a) County Butler
(b) City or town Broasley
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Broasley
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 83 day January
year 1941 hour 11:30 minute a M.

21. I hereby certify that I attended the deceased from Jan. 21, 1941, to Jan. 21, 1941, that I last saw her alive on Jan. 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Pneumonia

Due to Influenza

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 J. H. Hennickson (M. D. or other)
Address Poplar Bluff Mo Date signed 1-23-49

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Margie Nell Gullett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Broasley Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Louis Howard Gullett

13. Birthplace Broasley Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Chas. Heller

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Gullett

(b) Address Broasley, Missouri

17. (a) Burial (b) Date thereof Jan. 24 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Male Hill Cemetery

18. (a) Signature of funeral director Wesley Crox

(b) Address Poplar Bluff Mo

19. (a) 1/23/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

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.