

S. No. 2
M-5-43
v. 5-17-39
I X34671

FILED FEB 13 1947

Registration District No. **4024** Registrar's No. **1783**

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Cassville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Barry Co. Hospital & Clinic
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 wks.
 In this community 4 wks. (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Gladys Pearl ERWIN
 3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Noah B. Erwin
 6. (c) Age of husband or wife if alive ----- years
 7. Birth date of deceased April 9, 1897
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 9 25 ----- hr. ----- min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER, FATHER
 12. Name Sterlin Price Stapleton
 13. Birthplace Barry Co., Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mollie Hadley
 15. Birthplace Barry Co., Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Noah B. Erwin
 (b) Address Exeter, Missouri

17. (a) Burial (b) Date thereof 2-6-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director W. C. K...

(b) Address Cassville, Missouri

19. (a) Feb 7-1947 (b) Grace Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th.
 year 1947 hour 6:05 minute A. M.
 21. I hereby certify that I attended the deceased from Dec 23
1946 to Feb 4 in 1947
 that I last saw her alive on Feb 4, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
Surgical Shock
 Due to Operation for relief of bowel obstruction 2 days
 Due to Carcinoma of Cervix
 Other conditions: -----
 (Include pregnancy within 3 months of death)

Duration 24 hr.
PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations -----
 Of autopsy 49A

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 Grace Williams (M. D. or other)
 Address Cassville, Mo Date signed 2-4-47

RECEIVED

District Health Officer No. 6;

District File Number 247-200

Date Filed FEB 10 1947

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.