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.

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1733
Do not use this space.

1. PLACE OF DEATH
(a) County ~~Butler~~ Butler
Registration District No. 89
(b) Township or
Primary Registration District No. 3007
Registered No. 19
(c) City ~~Ellsinore, Mo.~~ Poplar Bluff, Mo.
(d) Street No. P B Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 240 Nettie Gessel
(a) Residence, No. Ellsinore, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Earl Gessel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 28, 1886
7. AGE: YEARS 52 | MONTHS 10 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler County

FATHER
13. NAME: G.W. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co. Mo.

MOTHER
15. MAIDEN NAME: Amanda Benson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Kentucky

17. INFORMANT (ADDRESS): Mrs. Rebecca Smith 508 Bartlett
18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Oak Hill DATE Jan. 22, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Greer-Croy Service Poplar Bluff, Mo.
20. FILED 1/22 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1937, to 1-20, 1939
I last saw her alive on Dec 15, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lung

Date of onset

Other contributory causes of importance: metastases to intestines

Name of operation Laparotomy Date of 1937
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) Poplar Bluff Mo

(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 Grover W Greer

Licensed Embalmer No. 7964

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.