

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 DEC 13 1939

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

39124
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3001
 (c) City or Town Maple Bluff (d) Street No. Lucy Lee Hospital Registered No. 273
 (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

5455 Eva Joe Gemlin
 (a) Residence, No. 3 mi S of Keokuk Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Walnut Ridge Mo

FATHER 13. NAME Eugene Gemlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Mo

MOTHER 15. MAIDEN NAME Ora Pulliam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Mo

17. INFORMANT (ADDRESS) Eugene Gemlin Keokuk Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk Mo DATE Nov 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. T. Phelps Maple Bluff Mo

20. FILED 11/12 1939 Oliver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-6-39, 19... to 11-10-39, 19...

I last saw her alive on 11-10-39, 19... Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis caused from Ruptured Appendix.

Date of onset

Other contributory causes of importance: None

Name of operation Appendectomy Date of 11-7-39

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None, 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None (Signed) J. W. Johnson M. D.

(Address) Poplar Bluff, Missouri.

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. B231

P. O. Address Caplan Bluff

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.