

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39362

Registration District No. 608 *WED DEC 12 1940* Primary Registration District No. 6807

Registrar's No. 40

1. PLACE OF DEATH:  
(a) County NEWTON  
(b) City or town STELLA MISSOURI RR#1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 11.40 - 15DA. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County NEWTON  
(c) City or town STELLA RR#1  
(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.

3. (a) PRINT FULL NAME NORMA LOUISE MCGLOTHLIN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOVEMBER day 26  
year 1940 hour 11 minute 15 A.M.

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 11 1939  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		<u>11</u>	<u>15</u>	_____ hr. _____ min.

Immediate cause of death No physician in charge. Was sick 3 or 4 days. Probably Broncho-pneumonia.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace STELLA, MO. RR#1  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
107H

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name MARTIN V. MCGLOTHLIN  
13. Birthplace OZARK MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name JUANITA MAY SKIGAR  
15. Birthplace STELLA, MO.  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically  
PHYSICIAN \_\_\_\_\_

16. (a) Informant's own signature Pearl Sligger  
(b) Address Neosho, Mo RR3  
17. (a) BURIAL (b) Date thereof Nov 27-40  
(Burial, exhumation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation HAZEL GREEN  
18. (a) Signature of funeral director Walter Thompson  
(b) Address Neosho Mo  
19. (a) 12-4-1940 (b) Ada Collings  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
28. Signature J.P. Kaysnolds Coroner  
Address Neosho Mo Date signed 12-2

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. 6,

District File Number 12403019

Date Filed DEC 12 1940

---

**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 Gail W. Gay  
Licensed Embalmer No. 41535  
P. O. Address Wesley, Ma.

**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.**