

FILLED OCT 21 1941

Registration District No. **89**

Primary Registration District No. **3207**

1. PLACE OF DEATH:

(a) County **Duffer**
(b) City or town **Poplar Bluff, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Brandon Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **few hours**
In this community **life "Berne"** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Willette Charlene M^{rs} Gee**

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 **Single**

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

7. Birth date of deceased **Sept 21 1931**
(Month) (Day) (Year)

8. AGE: Years **10** Months **0** Days **8** If less than one day _____ hr. _____ min.

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

10. Usual occupation **School Girl**

11. Industry or business _____

12. Name **W^{rs} M^{rs} Gee**

13. Birthplace **Ark** (City, town, or county) (State or foreign country)

14. Maiden name **Lizzie Prichett**

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

16. (a) Informant **Lizzie Prichett M^{rs} Gee**

(b) Address **Berne 1770**

17. (a) **Burial** (b) Date thereof **Oct. 1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Berne**

18. (a) Signature of funeral director **Landess Funeral Home**

(b) Address **CA. Y. P. Ball No.**

19. (a) **10-8-41** (b) **Belle Kinne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Berne** (If outside city or town limits, write "RURAL")
(d) Street No. **6th** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29** year **1941** hour **10** minute **5-57 AM**

21. I hereby certify that I attended the deceased from **Sept 28 1941** to **Sept 29 1941** that I last saw her alive on **Sept 29 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Basal Skull Fracture** Duration **9/28/41**

Due to _____

Due to **1700-6-8**

Other conditions **Fractures & Abrasions** 9/28/41
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Sept 28 1941 103**

(c) Where did injury occur? **Berne Stoddard Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? **no** (Specify type of place) (r) Means of injury **jumped out of moving truck**

23. Signature **L. F. Guals** (M. D. of **Missouri**)

Address **Poplar Bluff, Mo** Date signed **10/4/41**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No 2,

District File Number 1041-1449

Date Filed 10/20/41

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 Christina M Landess

Licensed Embalmer No. 4227

P. O. Address Chapbell,

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.