

Registration District No. 318 JUN 10 1942

Primary Registration District No. 2001

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

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Houston
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alice Gatewood

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1942 hour 8:30 minute A.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Shellie Gatewood

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December 8 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5 1942 to May 10 1942
that I last saw her alive on May 10 and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 5 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death Septicemia Duration 5 days

Due to Abortion self induced

Due to _____

9. Birthplace Crawford County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

Other conditions Incomplete Abortion shock
(Include pregnancy within 3 months of death)

Self induced

MOTHER FATHER { 12. Name Edward McMasters

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

14. Maiden name Edna Kethner

15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

Major findings: 141C

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Shellie Gatewood

(b) Address Houston, Missouri

17. (a) Removal (b) Date thereof May 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston, Missouri

18. (a) Signature of funeral director Elliott Funeral Home

(b) Address Houston, Missouri

19. (a) 5-11-42 (b) D. W. S. Handy
(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 _____

23. Signature Robert Hlynn (M. D. or other) ms

Address Houston Date signed 5/11-42

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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 Harlow Kinable
Licensed Embalmer No. 4065
P. O. Address Springfield 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.