

FILED NOV 4 1942

Registration District No. 42

Primary Registration District No. 2007

Registrar's No. 319

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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 16 Days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Katie McGowen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Oct 30 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 1 _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) H

10. Usual occupation House Work

11. Industry or business _____

12. Name Patric Delaney
13. Birthplace Germany (City, town, or county) (State or foreign country) H

14. Maiden name Cathrine Delaney
15. Birthplace Germany (City, town, or county) (State or foreign country) H

16. (a) Informant Chalen Hobbs
(b) Address Dudley Mo, R.F.D. No. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42
(Month) (Day) (Year)

(c) Place: burial or cremation. Hobbs Cemetary
18. (a) Signature of funeral director. Watkins Service,
(b) Address Puxico Mo

19. (a) 10-11-42 (Date received local registrar) (b) Belle Tenne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd year 1942 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Sept-17-42 1942 to Oct-2nd 1942 and that I last saw her alive on Oct-2- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Gasitic Hemorrhage Duration 10-1-42
Due to Carcinoma of the Stomach 10-1-42
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H6L

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) _____
(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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 10-7-42

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

12
7
3

RECEIVED

District Health Office No. 2,

District File Number 1142-1332

Date Filed 11-2-42

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 B. J. Brentlinger
Licensed Embalmer No. 4201
P. O. Address Dexter St

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.