

**FILED MAR 31 1943**

Registration District No. **42**

Primary Registration District No. **3007**

Registrar's No. **80**

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

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: **Lacy Lee 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 \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **Butler**  
 (c) City or town **Poplar Bluff, Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1104 North Grand**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Gladys Maxine Greenwall**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **March** day **11**  
 year **1943** hour **4:50** minute **P** M.

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 **Nov. 21, 1929**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 10, 1943**, to **March 11, 1943**  
 that I last saw her alive on **March 11, 1943**, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**12** | **3** | **20** | \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Meningitis (Non-epidemic)** 3 days  
 Due to **Suppurative otitis-media** 10 days  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) **gla**

10. Usual occupation **School - child**

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

11. Industry or business \_\_\_\_\_

12. Name **Frank Greenwall**

13. Birthplace **Wayne County, Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Cora Smith**

15. Birthplace **Mill Springs, Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Greenwall**

(b) Address **Poplar Bluff, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-13-43** (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Frank And Co.**

(b) Address **Poplar Bluff, Mo.**

19. (a) **3-15-43** (Date received local registrar) (b) **Catherine Hendrix** (Registrar's signature) **Deputy**

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 **J. J. Meekert** (M. D. or other) \_\_\_\_\_  
 Address **Poplar Bluff, Mo.** Date signed **3/13/43**

RECEIVED

District Health Office No. 2,

District File Number 343-424

Date Filed 3-30-48

---

---

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**