

FILED MAY 12 1948

State File No. 13833  
Registrar's No. 134

Registration District No. 43 Primary Registration District No. 3007

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:  
Lucy Lee Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Butler  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 mi. so. E. of Naylor  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) /  
If yes, name country

3. (a) PRINT FULL NAME: Peggy Darlene Gatlin

3. (b) If veteran, name war: No. 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: Apr 11 20 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 hr. min.

9. Birthplace: Butler Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER  
12. Name: Leamon Gatlin  
13. Birthplace: Butler Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name: Sodie Griffin  
15. Birthplace: Ripley Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Leamon Gatlin  
(b) Address: Naylor, Mo.

17. (a) Burial (b) Date thereof: apr. 27/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Simms Ceme.

18. (a) Signature of funeral director: Minnie Gish  
(b) Address: Naylor, Mo.

19. (a) 4-29-48 (b) Billy Kume  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr. day 26  
year 1943 hour 6 minute a.m.

21. I hereby certify that I attended the deceased from April 24 1943, to April 26, 1943  
that I last saw her alive on April 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bowel obstruction 6 days

Due to: valvulus

Due to:

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations:  
Of autopsy:

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?

23. Signature: D. H. Krumholtz (M. D. or other)  
Address: Poplar Bluff Mo Date signed: 4/27/43

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

RECEIVED

District Health Office No. 2.

District File Number 543-664

Date Filed 5-11-48

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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.....

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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. .... Primary Registration District No. .... Registrar's No. ....

1. PLACE OF DEATH:

(a) County Bullett

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

(c) Name of hospital or institution: Ruby Lee Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da (Specify whether  
In this community — years, months or days)

3. (a) PRINT FULL NAME Peggy D Gatlin

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

4. Sex: ..... 5. Color or race: ..... 6. (a) Single, widowed, married, divorced: .....

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

7. Birth date of deceased: Apr 20 - 1940  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day: ..... min.

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

10. Usual occupation: .....

11. Industry or business: .....

12. Name: .....

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

14. Maiden name: .....

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

16. (a) Informant: .....

(b) Address: .....

17. (a) ..... (b) Date thereof: .....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: .....

18. (a) Signature of funeral director: .....

(b) Address: .....

19. (a) ..... (b) .....  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: ..... (b) County: .....

(c) City or town: .....  
(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: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above. Immediate cause of death: .....

Bowel obstruction b de

Due to: volvulus

Due to: Congenital defect

Other conditions: .....  
(Include pregnancy within 3 months of death)

Major findings: Of operations: .....  
Of autopsy: 15781

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) (e) Means of injury

23. Signature: [Signature] (M. D. or other) .....

Address: Paplevan Bluff Mo Date signed: 5/26/43

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

SUPPLEMENTARY

5-13833