

FILED MAY 27 1942

Registration District No.

Primary Registration District No. 5131

Registrar's No. 125

1. PLACE OF DEATH:

(a) County BUTLER
 (b) City or town RURAL (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ✓ ✓ 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community 63 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. 12 MISE POPLAR BLOFF MO (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME MOLLIE ANN MACOM

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

7. Birth date of deceased APRIL 22 - 1867
 (Month) (Day) (Year)

8. AGE: Years 75 Months - Days 1 If less than one day hr. min.

9. Birthplace BROOKLYN KY 1
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name ISAC SODDERS
 13. Birthplace BOWLING GREEN KY 1
 (City, town, or county) (State or foreign country)
 14. Maiden name AVA ANN AMOS
 15. Birthplace KY 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Macom
 (b) Address Poplar Bluff Mo
 17. (a) Burial (b) Date thereof Apr 26 - 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Libb's Cem.

18. (a) Signature of funeral director N. J. Phelps
 (b) Address Poplar Bluff Mo
 19. (a) 4-124-43 (b) Belle Turner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 23
 year 1942 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Mar 7, 1942 to Apr 22, 1942
 that I last saw her alive on Apr 19, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia Duration

Due to Fractured Hip 3/27/42

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Fractured Hip
 (b) Date of occurrence Mar 7, 1942
 (c) Where did injury occur? Fract. Mo. Rt 1
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home when getting from car
 While at work? (Specify type of place) (e) Means of injury

23. Signature J. Scott Arnold (M. D. or other)
 Address Poplar Bluff Mo Date signed 4/24/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1200

RECEIVED

District Health Office No. 2

District File Number 542-654

Date Filed 5-20-42

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 *N.P. Phelps*

Licensed Embalmer No. 3231

P. O. Address *Poplar Bluff 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.