

FILED JUN 9 1942

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(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 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 205 E. 7th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY CHRISTINA POPHAM

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased November 7, 1887
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 18 If less than one day
hr. _____ min.

9. Birthplace Mead County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

MOTHER FATHER { 12. Name Thomas I. Gough
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name D. K.
15. Birthplace D. K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bruce Fisher
(b) Address Caruthersville, Mo.
17. (a) Burial (b) Date thereof 5-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.
19. (a) 5-26-1942 (b) Jessie M. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1942 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 20 - 1942 to May 25 - 1942
that I last saw her alive on May 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days
Due to Arteriosclerosis

Due to _____
Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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 J. R. Linton (M. D. or other) _____
Address Caruthersville, Mo. Date signed 5-25-42

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

6-42-8

Was Not Embalmed

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.....

..... NOT EMBALMED, 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.