No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1946

State File No. 29684

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 309

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: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs (Specify whether years, months or days)

In this community 8 Mos

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No.: 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Eligah Odom

3. (b) If veteran, name war: World War 2

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Helen Odom

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

7. Birth date of deceased: January (Month) 18 (Day) 1918 (Year)

8. AGE: Years 28 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business: Colloin Tire Exchange

FATHER
12. Name: LaFayette F. Odom
13. Birthplace: (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name: Unknown Percy Butler
15. Birthplace: Hollandale (City, town, or county) Miss. (State or foreign country)

16. (a) Informant: Bethamie Slay

(b) Address: Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 9 46 (Month) (Day) (Year)

(c) Place: burial or cremation: City

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

(b) Address: Poplar Bluff Mo

19. (a) 9-12-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage - Brachial artery and

Due to: right Brachial Plexus torn to shreds

Due to: Pellets from shot gun through right deltoid entering

Other conditions: right Pleural Cavity
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: 1 6

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): Homicide

(b) Date of occurrence: Sept 3-1946

(c) Where did injury occur? Poplar Bluff Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury: Shot gun

23. Signature: Grover W Green (M. D.) Coroner

Address: Poplar Bluff Mo Signed 9/6-46

35,

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1946

RECEIVED
District Health Office No. 2,
District File Number 946-1124
Date Filed 9-16-46

NOV 4 1946

SEP 26 1946

OCT 21 1946

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 Lou Clark

Licensed Embalmer No. 4716

P. O. Address Poplar Bluff

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.