S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

381

FILED FEB 5 1948

State File No. .....

Registration District No. 4 Primary Registration District No. 5143 Registrar's No. 26

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: Butler County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Poplar Bluff Twp (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Butler County Farm 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mollie Ledford
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 Unknown
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased About 1863 (Month) (Day) (Year)

8. AGE: Years About 85 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation County Farm (Retired)
11. Industry or business .....

MOTHER-FATHER
12. Name Unknown
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 Co. Farm Records
(b) Address Poplar Bluff, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 1-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Woodhurn - Poplar Bluff, Mo
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 1-24-48 (Date received local registrar) (b) R H Minette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1948 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 17 Jan 1948, to 22 Jan 1948
that I last saw her alive on 17 Jan 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death [illegible] | |
| Due to Bilateral | 1 week |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other)
Address Poplar Bluff, Mo Date signed 22 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-16
Date Filed 2-2-48

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.

Not Embalmed

Signed Grove W Greer

Licensed Embalmer No. 2964

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.