

FILED MAR 31 1948

Primary Registration District No. 3007

Registrar's No. 114

273

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

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: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL")
(d) Street No. DENNY ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK FRANCIS HODGE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 13
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 29,
1947 to March 13, 1948
that I last saw him alive on March 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
due to influenza

Duration
3-5-48

Due to influenza

12-29-47

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

Major findings:
Of operations _____

Of autops: _____

PHYSICIAN

Underline the cause of which death should be charged statistically.

33A

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 _____ (Specify type of work)

4. Sex MARRIED 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ETHEL HODGE 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased JUNE 21 - 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 22 hr. _____ min.

9. Birthplace FRANKLIN Co ILL
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

MOTHER FATHER

11. Industry or business _____
12. Name BENJAMIN HODGE

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

14. Maiden name ELLEN UNKNOWN

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

16. (a) Informant Mrs. Ethel Hodge

(b) Address Hendel Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof MAR 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation THREE SPRINGS Cem

18. (a) Signature of funeral director N.T. Phelps
(b) Address Poplar Bluff Mo

19. (a) 3-29-48 (b) P.H. Penetree
(Date received local registrar) (Registrar's signature)

20. Signature [Signature] (M. D. XXXXXXXX)
Address Poplar Bluff, Mo Date signed 3-17-48

APR 22 1948

RECEIVED

District Health Office No. 2,

District File Number 348-401

Date Filed 3-29-48

APR 14 1948
APR 17 1948

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. T. Phelps

Licensed Embalmer No. 3231

P. O. Address

Poplar Bluffs 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.