

REC'D OCT 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31875
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township..... Primary Registration District No. 1001 Registered No. 916
(c) City Saint Joseph (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

46 Mrs. Roszanna Soule
(a) Residence, No. 1202 North 22nd Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --Chas.H. Soule
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri

FATHER 13. NAME Unknown Kelsaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

MOTHER 15. MAIDEN NAME Miranda Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklen, Missouri

17. INFORMANT (NAME) (ADDRESS) Harry A. Soule
1202 North 22nd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiawatha, Kans. DATE Sept. 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. R. Sidenfaden F. Home
602 South 10th Street

20. FILED Sept 6 1939 A. H. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 - 39 to Sept 5 - 1939
I last saw him alive on Sept 4 - 1939 Death is said to have occurred on the date stated above, at 2:20 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Other contributory causes of importance: Uremia
Chronic Hypertension
Diabetes Mellitus
Hyperlipidemia
Hypertension with Overload

Name of operation none Date of _____
What test confirmed diagnosis? Cholesterol Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) F. R. Sidenfaden M. D.
(Address) 628 W. 11th St. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. H. H. H. H. H.

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, & by.....

..... Mollie E. Sidenfaden, Registered Apprentice No. 145
working under my personal supervision.

Signed Theron Smith

Licensed Embalmer No. 3928

P. O. Address 602 South 10th St.

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, above space should be left blank.