

FILED MAR 12 1940

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution 807 1/2 N. Jefferson 2
(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

3. (a) PRINT FULL NAME JOSEPH MARION SOOTER

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1 - 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business Blacksmithing

12. Name Albert Sooter

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

14. Maiden name Edna Kessinger

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

16. (a) Informant E.C. Sooter

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Panther Valley, W. Virginia

18. (a) Signature of funeral director Springfield, Mo.
(b) Address _____

19. (a) 2/5/40 (b) Chas A. George M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 807 1/2 N. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1940 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan. 29, 1940 to Feb 2, 1940
that I last saw him alive on Feb 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____
Due to _____

Other conditions Epithelioma of left side of nose
(Include pregnancy within 3 months of death)

Major findings: 9 years
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
Signature J.P. Robertson (M. D. or other) _____
Address Springfield, Mo. Date signed 2/6-40

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

6-3-9

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

William M. Rhodes

Licensed Embalmer No.

4076

P. O. Address

Springfield

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.