

Registration District No. 89

Primary Registration District No. 5131

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural in or near Butler
(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 61 years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUTLER
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mi S E Hilliard Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 3, 1940, to Dec 5, 1940;
that I last saw him alive on Dec 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration 4 or 5 days

Due to Arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 10/11

Major findings: Of operations _____
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) _____
(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 _____

23. Signature J. L. Howell (M. D. or other) _____
Address Park Ave Paplar Bluff Mo Date signed 12/4/40

3. (a) PRINT FULL NAME ISAAC NEWTON Souders

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 WIDOWER

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

7. Birth date of deceased Oct 28 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Butler Co Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Isaac Souders

12. Name _____

13. Birthplace Bowling Green Ky
(City, town, or county) (State or foreign country)

14. Maiden name Arann Amos

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

16. (a) Informant Wm Macom

(b) Address Park Ave Paplar Bluff Mo

17. (a) Burial (b) Date thereof Dec 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marble Hill Cem

18. (a) Signature of funeral director N. J. Phelps

(b) Address Paplar Bluff Mo

19. (a) 12/17/40 (b) Thos Lutz
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

2

Dr. Haines

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. J. Phelps*

Licensed Embalmer No. *3231*

P. O. Address *Paplar Bluff no*

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.