

Registration District No. 283

Primary Registration District No. 5455

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

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FILED JUL 2 1943

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 131 days
(Specify whether
In this community 131 days
years, months or days)

3. (a) PRINT FULL NAME Hazel Augusta Soden

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Claude Soden

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased January 25 1909
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>4</u>	<u>12</u>	hr. min.

9. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Milton Carter Layman

13. Birthplace Madaski County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Marion

15. Birthplace Madaski County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Reed Clark

(b) Address Mr. State San. M. Norman Mo

17. (a) None (b) Date thereof 6/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo

18. (a) Signature of funeral director J. F. King

(b) Address Marionville Mo

19. (a) 6-10-43 (b) James Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town 109 Cline
(If outside city or town limits, write "RURAL.")

(d) Street No. Quincy
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1943 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from January 28 1943, to June 6 1943
that I last saw her alive on June 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Duration about 3 1/2 yrs

Due to

Due to

Other conditions tuberculosis laryngitis 2 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 128-1

Of autopsy

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. H. Stocher M.D. (M.D. or other)
Address Marionville Mo Date signed 6-7-43

RECEIVED

District Health Officer No. 6,

District File Number 643-759

Date Filed JUN-29-1943

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 Herman M. Durridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.