

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27883

FILED SEP 11 1943

Registration District No. _____

Primary Registration District No. 5179

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Rural Osage T
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - HERRICO/COTTAGE CAMP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community year and 4 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Osage Beach Rural
(If outside city or town limits, write "RURAL")
(d) Street No. HERRICO College Camp
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Fredrick Sote

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 Single

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

7. Birth date of deceased Feb 1 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Newark Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Cigar maker

11. Industry or business _____

12. Name William Sote

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

14. Maiden name Mary Harbrough
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Minnie Spear

(b) Address Osage Beach

17. (a) Burial & Removal (b) Date thereof Aug 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ealemwood Cem. Kansas City Mo

18. (a) Signature of funeral director Forester Funeral Home
(b) Address Kansas City, Mo

19. (a) 8/19/43 (b) Edwin Nelson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1943 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased on Aug 17 1943 to Aug 17 1943
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: 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 _____

23. Signature H. D. Orr Attlebury (M. D. or other) _____

Address Camden, Mo Date signed 8-30-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 73
District No. 8-43-936
Date Filed 9-10-43

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..... *Abbie Bankson Woolery*
Licensed Embalmer No. *2488*
P. O. Address..... *Camdenton*

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.