V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13878

FILED MAY 11 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1989

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1220 West 62 nd Street (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1220 West 62nd Street (If rural, give location) 8

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John William Soden

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Etta W. Soden

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

7. Birth date of deceased December (Month) 18 (Day) 1866 (Year)

8. AGE: Years 77 Months 4 Days ~~19~~ 18 If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business Real Estate

FATHER
12. Name Peter Soden
13. Birthplace County Cork (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Delia Tackett
15. Birthplace New York (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Robert W. Soden

(b) Address 4804 Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Co.

(b) Address 3256 Broadway

19. (a) 5-6-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th. year 1944 hour ..... minute A M.

21. I hereby certify that I attended the deceased from Jan. 1943, to May 6, 1944; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure, anuria	2 mos. 5 days
Due to Chr. diffuse nephritis	15 years
Due to General arteriosclerosis	
Other conditions Post-apoplectic (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

13/a

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury

23. Signature Lord L. Lowrey (M. D. ~~or other~~)

Address 1005 Grand R.P. Mo. Date signed 5-6-44

(Licensed Embalmer's Statement on Reverse Side)

Ford J. Lowery M.D.

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 Parke G. Rowe

Licensed Embalmer No. 2347

P.O. Address K.C. 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.