

FILED JUN 9 1945

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Tullton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 1 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Waucumbria 66
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMAN V SOOTIER

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 married

6. (b) Name of husband or wife Gerche Sooter 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 9 1898
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Harmer

11. Industry or business _____

12. Name Herman Sooter

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

14. Maiden name Wm

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

16. (a) Informant Records State Hospital

(b) Address Tullton Mo

17. (a) Burial (b) Date thereof May 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Mo

18. (a) Signature of funeral director Loran J. Adams

(b) Address Shelby Mo

19. (a) May 15 1945 (b) Joan Morankroff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1945 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from May 14 to May 15 1945 that I last saw her alive on May 14 and that death occurred on the date and hour stated above. 1945

Immediate cause of death General Paralysis of Insane (Parkinson)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 201

Duration

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 A. Ault (M. D. or other) M.D.

Address Tullton Mo Date signed 5/18/45

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

14
1
2

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

6-7-45

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.....

Susan L. Adams

Licensed Embalmer No.

4207

P. O. Address.....

Sheridan, 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.