S. No. 2
DM—2-43
v. 5-17-39
I X35657

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. 42180

FILED JAN 5 1946

Registration District No. 2 Primary Registration District No. 5971 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Polk

(b) City or town "Rural" Marion Twp.
(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 years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Norwood, Rt. 2 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Nicholas Souder

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dora Souder

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April (Month) 9 (Day) 1876 (Year)

8. AGE: Years 69 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Otta Souder

13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Sarah J. Upton

15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Fan E. Hicks

(b) Address Bolivar, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Souder Cemetery, Ozark Co. Mo.

18. (a) Signature of funeral director Hutcheson-Turnin

(b) Address Bolivar, Mo.

19. (a) Dec 24, 1945 (Date received local registrar) (b) Ralph Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1945 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 15 to Dec 20, 1945 that I last saw him alive on Dec 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Hemorrhage — Duration 1 hr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M.D. or other)

Address [illegible] Date signed [illegible]

1533 (Licensed Embalmer's Statement on Reverse Side)

...er No. 7,
...ist 12-45-1248
Date ... 1-3-45

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.