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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9553

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Indep. Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 hours (Specify whether

In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4 (If outside city or town limits, write "RURAL")

(d) Street No. 405 N. Union 4 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Floyd Orville Sooy, Jr.

3. (b) If veteran, name war World War II

3. (c) Social Security No. 494-12-3069

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Blanford Ann

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased January 26, 1922 (Month) (Day) (Year)

8. AGE: Years 25 | Months 1 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace Inter City Dist. Jackson Co, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Standard Oil Co.

FATHER
12. Name Floyd O. Sooy Sr. 1
13. Birthplace Murryville, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Violet Simpson 0
15. Birthplace Kansas City Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Phil De Hardt.

(b) Address 908 Home Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26-47 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director O. O. Mitchell

(b) Address 310 N. Main - Indep.

19. (a) 3-26-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1947 hour 11 minute 5:50 A.M.

21. I hereby certify that I attended the deceased from 1, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Shock

Due to Fracture of Arms

Due to Chest Injury

Other conditions (Include pregnancy within 3 months of death) Train Trauma

Major findings: Of operations

Of autopsy History

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) Accident 48

(b) Date of occurrence 3/23/47

(c) Where did injury occur? Sugar Creek Mo (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 Yes (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) MD

Address 2800 Main Date 3/23/47

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948

MAY 27 1947

MAR 24 1950

APR 10 1967

DEC 12 1957

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence 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.