

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED FEB 9 1948

Registration District No. 28

Primary Registration District No. 5360

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Rural Harrison Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northwest of Breckenridge, Mo.
(If not in hospital of institution, write street number or location)
(d) Length of stay: In hospital or institution 54-11-3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Daviess 31
(c) City or town Rural Harrison Sup.
(If outside city or town limits, write "RURAL")
(d) Street No. Northwest of Breckenridge, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THOMAS OSCAR SOUDERS

3. (b) If veteran, name war World War I 3. (c) Social Security No. -

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Souders 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased January 27, 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 3 If less than one day - hr. - min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name John C. Souders

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

14. Maiden name Nancy Adkinson

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

16. (a) Informant John Patrick

(b) Address Breckenridge, Mo.

17. (a) Burial (b) Date thereof Jan 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breckenridge, Mo.

18. (a) Signature of funeral director How C. Michael

(b) Address Braymer, Mo.

19. (a) 16 Jan 1948 (b) Dequell English
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1948 hour 5 minute - M.
21. I hereby certify that I attended the deceased from January 2, 1948, 19- to January 2, 1948, 19-
that I last saw h. i. m. alive on Jan 2, 1948 at home, 19-
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 4 hours

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations PTA

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 O

23. Signature Frank R. Daley (M. D. or other) O
Address Hamilton, Mo. Date signed 1-7-48

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

31
0
0

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 11 1953

FEB 27 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.