No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1769

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 802 R. Street 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME George F. Sohn Jr
3. (b) If veteran, name war World War 1
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Charlotte
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 15 (Month) 1888 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	9	23	..... hr. ..... min.

9. Birthplace Hannibal (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Moulder
11. Industry or business .....
FATHER
12. Name George W Sohn 1
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Catherine Doench
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs Joseph Sarber 1
(b) Address Hannibal MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal MO
19. (a) 1-12-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1948 hour ..... minute 12:30 AM

21. I hereby certify that I attended the deceased from 6 Jan, 1948 to 7 Jan, 1948
that I last saw him alive on 7 Jan, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? ..... (e) Means of injury .....

23. Signature M. J. Toller (M. D. or other D.) M.D.
Address Hannibal MO Date signed Jan 8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Michael G. O'Donnell.....

Licensed Embalmer No. 3246.....

P. O. Address.....Hannibal 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.