

REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29449  
Do not use this space.

1. PLACE OF DEATH

(a) County maries Registration District No. 5116  
(b) Township Johnson Primary Registration District No. 572 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oliver C Southard 363

(a) Residence, No. Rape mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paralie Southard  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-9-1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
62 3 3  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 1938  
11. Total time (years) spent in this occupation 40 7/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) maries co mo

FATHER 13. NAME Wm Southard 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Front Knoll

MOTHER 15. MAIDEN NAME Mary Davault

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Paralie Southard  
Rape mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Southard cem DATE 8-12 1938

19. FUNERAL DIRECTOR (ADDRESS) W. H. Licklider

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938, to Aug 10, 1938  
I last saw him alive on Aug 8, 1938 Death is said to have occurred on the date stated above, at 12:25 p.m.  
The principal cause of death and related causes of importance were as follows:

General Pareisis  
83'  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury 8-10, 1938  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ M. D.  
(Signed) J. B. Underwood  
405 (Address) 572 Johnson mo

CAUSE OF DEATH IN plain terms, so that it may be properly assessed. Exact statement of OCCURRING IS VERY IMPORTANT.

8

STATEMENT BY LICENSED EMBALMER

I, Orrel E. Lickblady, Licensed Embalmer No. 3544

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Orrel E. Lickblady

Licensed Embalmer No. 3544

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Marion Registration District No. 546  
 (b) Township Johnson Primary Registration District No. 5735 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Olive C. Southard

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paralie Southard  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 3 3  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmed  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 40 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1938 to Aug 10, 1938  
 I last saw h. alive on Aug 9 1938. Death is said to have occurred on the date stated above, 12:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

General paresis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

FATHER 13. NAME Wm Southard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Mary Reddick  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Paralie Southard  
John Wm

18. BURIAL, CREMATION, OR REMOVAL PLACE Southard Co. Mo. DATE 8-12, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. E. Lecklider

20. FILED Oct 27, 1938 Sam A. Warner  
 Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Yes  
 (Signed) J. H. Mcderwood M. D.  
Sam A. Warner (Address)

RECORDING SMALL FEE OF 5 CENTS A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

