

L&O MAR 23 1939

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

7528
Do not use this space.

1. PLACE OF DEATH *Platte 2*

(a) County *Green 1* Registration District No. *441 5419*

(b) Township *Green 1* Primary Registration District No. *4439*

(c) City (d) Street No. Registered No. *756*

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME *James D. Souder*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 *Sarah Souder*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 5 - 1855*

7. AGE YEARS *83* MONTHS *7* DAYS *15* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky 1*

FATHER 13. NAME *Granvil Souder 1*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky 1*

MOTHER 15. MAIDEN NAME *Mary Ann Owsen*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT (ADDRESS) *Sarah Souder Cassades Point Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cassades Point Mo.* DATE *Feb 22 - 1939*

19. FUNERAL DIRECTOR (ADDRESS) *Levian Davis (Address) Mason Mo.*

20. FILED *2-23-39* 1939 *P.R. Souder* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 20 1939*

22. I HEREBY CERTIFY That I attended deceased from *Jan 19 1939* to *Feb 20 1939*

I last saw him alive on *Feb 11 1939* Death is said to have occurred on the date stated above, at *5:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease

Date of onset *Jan 19 1939*

Other contributory causes of importance: *121*

Intestinal Obstruction

Name of operation Date of
What test confirmed diagnosis? *NO* Was there an autopsy? *NO*

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 *NO*
Nature of injury *NO*

24. Was disease or injury in any way related to occupation of deceased? *NO*
If so, specify *Q.R. Souder*, M. D.
(Signed) *Q.R. Souder* (Address) *Cassades Point Mo.*

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11;

District File Number 39-47

Date Filed 3/8/39

STATEMENT BY LICENSED EMBALMER

I, Lucian Davis, Licensed Embalmer No. 1714

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lucian Davis

Licensed Embalmer No. 1714

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.)