REC'D SEP 12 1939

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

29988
Do not use this space.

1. PLACE OF DEATH
(a) County Putnam — Registration District No. 718
(b) Township — Primary Registration District No. 6430 — Registered No. 29
(c) City Unionville (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 Fredrick S. Soder
(a) Residence, No. 350 St.
(Usual place of abode, if no street address, write county or city) (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 Stella Soder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1866

7. AGE: Years 73 — Months 2 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Shop
10. Date deceased last worked at this occupation (month and year) May 1939
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmwood Illinois

FATHER
13. NAME Peter Soder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Stella Soder
(ADDRESS) Unionville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Goodland, Kan DATE Aug 19, 1939

19. FUNERAL DIRECTOR (NAME) Comstock Mer Co
(ADDRESS) Unionville Mo.

20. FILED Aug 17, 1939 M W Gillum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Aug 16, 1939
I last saw him alive on Aug 16, 1939. Death is said to have occurred on the date stated above, at 3:55 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumors in upper right abdomen and in lungs. Probably Hodgkins Disease	Do not Know

Other contributory causes of importance: None

Name of operation None 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E H Magee, M. D.
(Address) Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1-12-39 X14025

RECEIVED
District Health Officer No. 10
District File Number 9-39-1531
Date Filed SEP 6 1939

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 James W. Comstock, Registered Apprentice No. 132, working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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, above space should be left blank.