

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2762

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 8

FILED FEB 9 1940

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto Tracts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

In this community 2 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto
(If outside city or town limits write "RURAL")

(d) Street No. East Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 11111 years.

3. (a) PRINT FULL NAME Gerald Sorsaucie

3. (b) If veteran, name war 11111

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1940 hour 10 minute AM.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife 111

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 25 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 23 1940 to Jan. 25 1940
that I last saw him alive on Jan 25 1940
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 2 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Bronchitis pneumonia Duration 2 days

Due to myocardial infarction 4 weeks

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

10. Usual occupation 11111

Other conditions 1940
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Sorsaucie

{ 18. Birthplace Old Mines Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Katherine Miller

{ 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joseph P. Sorsaucie

(b) Address 335 E. Main Desoto Mo.

17. (a) burial (b) Date thereof Jan. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City, DeSoto Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

18. (a) Signature of funeral director Lee Mothershead
DeSoto, Mo.

(b) Address _____

19. (a) 2-1-40 (b) Jeneva Daniel
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 1

23. Signature Karl V. McPherson (M. D. or other) _____

Address DeSoto, Mo. Date signed 1/24/40

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

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

J. E. Moltus

Licensed Embalmer No.

2531

P. O. Address

29 West 0 4

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.