DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10898

APR 12 1940

Registration District No. 2014 Primary Registration District No. 5408 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Prairie Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

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

(d) Street No. Sullivan, Mo. Rt. 4 (If rural give location)

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

3. (a) PRINT FULL NAME CLARA SOHN 500

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Emil Sohn

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. 25, 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Dale Charboneau

13. Birthplace Richwoods (City, town, or county) Mo. (State or foreign country)

14. Maiden name Caroline Bourbon

15. Birthplace Richwoods (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Emil Sohn

(b) Address Sullivan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill

18. (a) Signature of funeral director Coey & Lenox

(b) Address St. Clair Mo.

19. (a) April 9, 1940 (Date received local registrar) M. H. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1940, to 3-13, 1940 that I last saw her alive on 3-11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis and extreme Cardiac hypertrophy	Many yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Some endocarditis	
Originally hypertension	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to 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)

While at work? (e) Means of injury

23. Signature H. M. Denny (M. D. or other)

Address Union Date signed 3-15-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 W. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.