

Registration District No. 464

Primary Registration District No. 5022, C

Registrar's No. 15

**1. PLACE OF DEATH:**  
 (a) County Lafayette  
 (b) City or town Wellington Rural  
 (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 \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days 5 3 2

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Lafayette  
 (c) City or town Wellington Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** SHIRLEY MAE SOENDKER  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 5  
 year 1940 hour 5 minute 30 M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from May 29, 1940, to June 3, 1940  
 that I last saw her alive on June 5, 1940  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased May 5 1940  
 (Month) (Day) (Year)

Immediate cause of death Pertussis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
0 0 31 hr. 0 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Ervin W. Soendker  
 13. Birthplace Wellington Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lilla H. Kahlstedt  
 15. Birthplace Shamona Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ervin Soendker  
 (b) Address Wellington Mo.

17. (a) Burial (b) Date thereof June 7 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Cem: Wellington Mo.

18. (a) Signature of funeral director W. E. Evers  
 (b) Address Wellington Mo.

19. (a) John (b) John  
 (If received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)  
 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?  
4/5  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature P. B. Watts (M. D. or other) 1  
 Address Wellington Mo. Date signed June 4

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-16-40

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. R. Ewen*  
Licensed Embalmer No. *3070*  
P. O. Address *Wellington MD*

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.