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FILED SEP 16 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper

(a) County _____

(b) City or town Joplin

(c) Name of hospital or institution Freeman Hosp.

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

(d) Length of stay: In hospital or institution 4 Days

In this community 48 years.

3. (a) PRINT FULL NAME Isaac N. Sowersby. 1021

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Clara Sowersby. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 11 1853

8. AGE: Years 87 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Albany New York;

10. Usual occupation FARMER

11. Industry or business Retired farmer

12. Name George Sowersby

13. Birthplace England;

14. Maiden name unknown

15. Birthplace England.

16. (a) Informant Mrs. G. L. Tolson

(b) Address Joplin Mo;

17. (a) Burial (b) Date thereof Aug. 13, 1940

(c) Place: burial or cremation Saginaw Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 8-15-40 (b) E. S. Jensen

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jasper

(c) City or town Joplin Missouri

(d) Street No. R.F.D. NO. 2

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 12 day 12 1940.

year _____ hour 5-55 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 8 1940, to Aug 12 1940.

that I last saw him alive on Aug 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death uremia -

Due to Ch. Interstitial nephritis -

Duration 3 day

Other conditions greatly enlarged prostate gland

Major findings: None

Of operations _____

Of autopsy none

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Joplin Mo. Date signed 8-13-40

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

MOTHER FATHER

40-9-367

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

Sam E. Senceny

Licensed Embalmer No.

4099

P. O. Address

Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.