

Registration District No. 546

Primary Registration District No. 5235

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Maries - Johnson
 (b) City or town Rape
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Edward F Southard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Laure Southard 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased 3 (Month) 20 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days 11 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edward Southard
 13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth
 15. Birthplace Maries Co. (City, town, or county) (State or foreign country)

16. (a) Informant Laure Southard
 (b) Address Rape Mo.

17. (a) Burial (b) Date thereof 8-2-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rock Springs

18. (a) Signature of funeral director W. Ed. Schlicker
 (b) Address St James Mo

19. (a) Aug 10 - 1940 (b) Sam A. Warner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Maries
 (c) City or town Rural
 (If outside city or town limits write "RURAL")
 (d) Street No. High Gate
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31
 year 1940 hour _____ minute 30 A. M.

21. I hereby certify that I attended the deceased from July 10 - 1940
Aug 31 1940 to Aug 31 1940
 that I last saw him alive on July 30 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral emboli Duration _____

Due to U R

Due to _____

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

Major findings: Of operations 0

Of autopsy 0

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

(a) Accident, suicide, or homicide (specify) 0
 (b) Date of occurrence 0
 (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?
485 (Specify type of place) _____
 While at work? 0 (e) Means of injury 0

23. Signature W. B. Underwood (M. D. or other) 1
 Address St James Mo Date signed _____

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

MOTHER FATHER

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. Hehlner

Licensed Embalmer No. 1990

P. O. Address St James 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.