FILED MAY 15 1941

. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15477

Registration District No. 112 Primary Registration District No. 5886 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Pettis Blackwater
(b) ~~City or town~~ Rural (Dunksburg) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 70 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS 80
(c) City or town RURAL (DUNKSBURG) (If outside city or town limits, write "RURAL") 0
(d) Street No. BLACKWATER TWSH. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LINDSEY CANNON SOUDER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MALE 0
5. Color or race White
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife AMANDA FISHER SOUDER
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased April (Month) 19 (Day) 1855 (Year)

8. AGE: Years 86 Months Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) OHIO 1 (State or foreign country)
10. Usual occupation BLACKSMITH
11. Industry or business Shop WORK.
FATHER
12. Name MIECHEL SOUDER.
13. Birthplace UN KNOWN. 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGERET CANNON
15. Birthplace UN KNOWN 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ruth Conway
(b) Address SWEET SPRINGS MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 3 1941 (Month) (Day) (Year)
(c) Place: burial or cremation MT ZION CEMETERY
18. (a) Signature of funeral director R C Carter
(b) Address SWEET SPRINGS MO
19. (a) May 2 1941 (Date received local registrar) (b) Paul M Tyler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1941 hour 4 minute — P. M.
21. I hereby certify that I attended the deceased from April 19, 1941, to May 1, 1941 that I last saw him alive on May 1, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 12 da
Due to Senility
Due to Probably granular Kidney
Other conditions (Include pregnancy within 3 months of death) 131 b
Major findings: Of operations None
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 604 (Specify type of place)
While at work? (e) Means of injury
23. Signature A H Ryngon (M. D. ~~or other~~) 0
Address Sweet Springs Mo Date signed 5-2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-12-41

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 R. C. Crater

Licensed Embalmer No. 3513

P. O. Address Lunt Springs N

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.