V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10505

Registration District No. 105 Primary Registration District No. 5231 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Linn Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX 1
In this community XXX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 020
(c) City or town Linn Township-Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. XXX
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME James Radford Sortors
3. (b) If veteran, name war XXX
3. (c) Social Security No. XX
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Emma Sortors
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased April (Month) 23, (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
91	10	21	XXXXXXXX min.

9. Birthplace Cedar County, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business XXX
FATHER
12. Name unknown
13. Birthplace unknown 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancey ?
15. Birthplace unknown 0
(City, town, or county) (State or foreign country)
16. (a) Informant A R Sortors
(b) Address Stockton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetary
18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Mo.
19. (a) 4-1-42 (Date received local registrar) (b) Mrs. Myrtle Bright (Registrar's signature) 4054

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour 6:43 minute P. M.
21. I hereby certify that I attended the deceased from 3-12, 1942 to 3-14, 1942
that I last saw him alive on 3-14-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	

Major findings:
Of operations
Of autopsy no

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 — 0
23. Signature [illegible] (M. D. or other) DO
Address Stockton Mo. Date signed 3-15-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-42-277
Date Filed 4-3-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.