

FILED SEP 15 1942
Registration District No. 175

Primary Registration District No. 5649

Registrar's No. 112

35
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City Twp.
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Pierce City Twp
(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.? 0 years.

3. (a) PRINT FULL NAME Lem Truman Sooter

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased Aug. 28, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hrs. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name John Alvin Sooter
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Stephenson
15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Asa Sooter,
(b) Address R. F. D. Pierce City, Mo.

17. (a) Burial (b) Date thereof 8-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arnhart Cemetery

18. (a) Signature of funeral director By Family

(b) Address _____

19. (a) Sept 5, 1942 (b) Emmer Stone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1942 hour 3 minute 9 P.M.

21. I hereby certify that I attended the deceased from Aug. 28, 1942 to Aug 28, 1942
that I last saw him alive on Aug. 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____

Due to Measles collecting in throat
Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Ferguson (M. D. or other) MD
Address Monett, Mo. Date signed Aug 29, 42

RECEIVED

District Health Officer No. 6,

District File Number 942-1399

Date Filed SEP 11 1942

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.