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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 1 1945

Registration District No. 118

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41096

Primary Registration District No. 4188

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Owensville
(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 0 (Specify whether years, months or days)

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

(c) City or town Owensville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALMEDA ELIZABETH SOUDERS.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Clay Souders

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased January (Month) 15 (Day) 1871 (Year)

8. AGE: Years 73 Months 10 Days 27 If less than one day - hr. - min.

9. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name George Stovall
13. Birthplace Woollam (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Jenkins
15. Birthplace Woollam (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Nora Brinkman
(b) Address Owensville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Milford N. N. Winter
(b) Address Owensville Mo.

19. (a) Dec. 15, 1944 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1944 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from Dec 4, 1944, to Dec 12, 1944, that I last saw him alive on Dec 12, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastro enteritis	
Due to Cirrhosis of Liver	
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? (Specify type of place)
While at work? (e) Means of injury?

23. Signature Wm. S. H. Bradley (M. D. or other) D.O.
Address Owensville, Mo. Date signed 12-13-44

(Licensed Embalmer's Statement on Reverse Side)

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

1287

2 1945

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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, fact should be so stated above.