

FILED JAN 19 1945

Registration District No. **19**

Primary Registration District No. **5429**

Registrar's No. **92**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Rural Lyons**
(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 **1**
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME **Franciscus H. Sonderdick**

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

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

6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased **June 5 1869**
(Month) (Day) (Year)

8. AGE: Years **75** Months **6** Days **23** If less than one day hr. min.

9. Birthplace **Krakow Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER { 12. Name **George Sonderdick**
13. Birthplace **Krakow Mo.**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Catherine Uelmen**
15. Birthplace **Krakow Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edw. Luechtefeld**

(b) Address **Leslie Mo.**

17. (a) **Burial** (b) Date thereof **Jan 2 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fort Hudson Mo**

18. (a) Signature of funeral director **G. H. Semme**

(b) Address **Beaufort Mo**

19. (a) **12/30/44** (b) **Don Corneil**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Franklin**

(c) City or town **Rural**
(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. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28**
year **1944** hour **8** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Dec 5**, 19**44** to **Dec 8**, 19**44**
that I last saw him alive on **Dec 8**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Cardiac - Vascular - Renal**

Due to **disease**

Due to **1310**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **No operation**
Of operations

Of autopsy **No autopsy**

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 **J. H. Markham** (M.D. or other) **MD**
Address **Beaufort Mo** Date signed **12/29/44**

Duration **Not known**

PHYSICIAN **-**
Underline the cause to which death should be charged statistically.

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

600

1127

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-10-45

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.....

E. H. Jenne
.....
working under my personal supervision.

Registered Apprentice No.

Signed *E. H. Jenne*
.....

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.