

FILED JUN 5 1945

Primary Registration District No. 5392

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

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Watkins
(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 X
(Specify whether years, months or days)

In this community most of his life

8. (a) PRINT FULL NAME Joseph A. Southards

3. (b) If veteran, name war X

8. (c) Social Security No. X

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Etta Cox

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Jan 9 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 3
If less than one day hr. min.

9. Birthplace Wright Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business X

MOTHER FATHER { 12. Name Samuel A. Southards

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Glenn

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. L. Jacobs

(b) Address Salem Mo

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 5/14/45
(Month) (Day) (Year)

(c) Place: burial or cremation City of Watkins, Mo

18. (a) Signature of funeral director Carl H. Jensen

(b) Address Salem Mo

19. (a) 5-16-45
(Date received local registrar)

(b) Jas. W. Mc Cardby
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town _____
(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.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1945 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from 9-10
1945 to 9-12 1945
that I last saw him alive on 9-11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to diabetes mellitus

Other conditions diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 61

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) (c) Means of injury

23. Signature Charles H. Jacobs (M. D. or other) DO.
Address Salem, Mo. Date signed 5-6-45

Duration _____

Physician _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 645-294

Date Filed 6.5.45

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 326

P. O. Address Paterson Me

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.