

FILED MAY 16 1945

Registration District No. **2**

Primary Registration District No. **5836**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **NEWTON**
(b) City or town **RURAL - Neosho Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **RFD #1**
(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 **NEWTON**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **Neosho Mo. R#1**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John EARL Souders**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **INFANT**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **NOVEMBER 28 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 5 1 hr. _____ min.

9. Birthplace **NEWTON Co. MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **INFANT**

11. Industry or business _____

12. Name **CALVIN Souders**

13. Birthplace **CRAWFORD Co. MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **RUBY WAGONER**

15. Birthplace **SPURGEON MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Calvin Souders**

(b) Address **Neosho Mo. R#1**

17. (a) **Burial** (b) Date thereof **5-1-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BERMAN CEMETERY**

18. (a) Signature of funeral director: **Corley Thompson**

(b) Address **Neosho Mo**

19. (a) **4-29-1945** (b) **Corley Thompson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **29**
year **1945** hour **10:45** minute **a.** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw ~~him~~ **live** on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured Skull Rt side**
Due to **Auto accident**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **April 29, 1945**

(c) Where did injury occur? **Neosho Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pain yard

While at work **Yes** (Specify as of injury) **Means of injury** **with saw**

23. Signature **Corley Thompson** (M. D. or other) _____

Address **Neosho Mo 2** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

73
60

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.

RECEIVED MAY 14 1945

District Health Officer No.....

District File Number 445-77

Date Filed MAY 14 1945

Signed Carey Thompson

Licensed Embalmer No. 3259

P.O. Address: Niosho 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.