S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29910

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 3866

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days) In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray 87
(c) City or town Hamatta 0
(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) 1
If yes, name country

3. (a) PRINT FULL NAME John N. Sodders
3. (b) If veteran, name war No.
3. (c) Social Security No. none.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen Sodders
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April (Month) 26 (Day) 1866 (Year)

8. AGE: Years 79 Months 4 Days 19 If less than one day hr. min.
9. Birthplace Ray County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant D. L. Sodders
(b) Address 3605 E 26th, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Mo.
18. (a) Signature of funeral director Thurman and Co
(b) Address Richmond Mo
19. (a) 9-28-45 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1945 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept 11, 1941 to 19 ; that I last saw him alive on Sept 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	left
Myocarditis Chronic	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 938	
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 0
23. Signature Dave Ellegan (M. D. or other)
Address 81 G P M Bldg Date signed 9-17-41

(Licensed Embalmer's Statement on Reverse Side)

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. E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond 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.