S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 10 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33826 47

Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 55

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Breckenridge (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 (Specify whether
In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell 13
(c) City or town Breckenridge (If outside city or town limits, write "RURAL") 0
(d) Street No. None (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nancy Ellen Souders
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem
5. Color or race wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife J. C. Souders
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 4 (Day) 1854

8. AGE: Years 92 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Ky. (City, town, or county) / (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name P. H. Adkison
13. Birthplace Ky. (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Emeline Walker
15. Birthplace Ky. (City, town, or county) / (State or foreign country)
16. (a) Informant Coopy Souders
(b) Address Polo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill Mo
18. (a) Signature of funeral director Alspaugh & Cowley
(b) Address Polo Mo
19. (a) 10-14-47 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature) 2198

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1947 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1940 to Oct 2 1947 that I last saw her alive on Sept 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arterio sclerosis

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 W. L. Chaffee M.D. (M. D. or other)
Address Breckenridge Mo Date signed 10/4/47

Jefferson City Printing Co. (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 Wayne H. Holleman, Registered Apprentice No. 77, working under my personal supervision.

Signed Dean A. Alspaugh

Licensed Embalmer No. 2968

P. O. Address Polo 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.