

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16911
Registrar's No. 65

Registration District No. 197

Primary Registration District No. 3040

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1410 McVey Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years (years, months or days)

3: (a) PRINT FULL NAME Harry May Souders
3. (b) If veteran, name war World War I
3. (c) Social Security No. 500-07-7224

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Iva M. Cashatt
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 2 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 29 hr. min.

9. Birthplace Harrison, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fender & Body Work

11. Industry or business _____

12. Name John C. Souders

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

14. Maiden name Nancy E. Atkinson

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

16. (a) Informant Mrs. Harry M. Souders

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 5-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) May-3-48 (b) Francis B. Nail
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 McVey Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month May day 1
year 1948 hour 3 minute 00 M.
21. I hereby certify that I attended the deceased from about Feb. 1947 to May 1 1948
that I last saw him alive on May 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to circulation of liver 4-5 yrs.
Due to _____

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

Major findings: Of operations _____
Of autopsy removal of liver splenomegaly

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 Joseph F. Talbot (M. D. or other) MD
Address Chillicothe, Mo Date signed 5-3-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAY 25 1948

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. J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.