

FILED JUN 16 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH: JASPER

(a) County JASPER

(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LILL PERKINS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YEAR (Specify whether years, months or days)

In this community 1 YEAR

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1441 Perkins
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN HENRY SOUDERS

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. 497-14-8252

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

6. (b) Name of husband or wife Laura Souders 6. (c) Age of husband or wife if alive don't know years

7. Birth date of deceased April 6 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>28</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Elijah Souders

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

14. Maiden name Sarah Elion

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Souders

(b) Address R.F.D. 5, Neosho Missouri

17. (a) Burial (b) Date thereof 4-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cem. Nevada Mo.

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Missouri

19. (a) 4-26-48 (b) Robert Sampkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 19.....
that I last saw him alive on did not attend 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy Coronary Occlusion

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) (Specify means of injury)

Signature A. St. Angel Address 2114 Joplin Date signed 4/24/48

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

1949
2029

49
2
5
0

MOTHER FATHER

PM

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... *F. M. Jones*
Licensed Embalmer No. *2319*
P. O. Address... *Joplin 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.