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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 30 1948

Registration District No. 277

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30510

Primary Registration District No. 5840

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County: Newton

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Newton

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

(d) Street No.: 6 miles West of Wentworth
(If rural, give location)

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

3. (a) PRINT FULL NAME: Bessie Cecelia Sonderland

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: John Sonderland

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: Oct (Month) 2 (Day) 1875 (Year)

8. AGE: Years 72 | Months 11 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Scranton (City, town, or county) Penn (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: ____

FATHER
12. Name: Michael Dunghen
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Mary Manon
15. Birthplace: Unknown (City, town, or county) Penn (State or foreign country)

16. (a) Informant: Mrs Phil Abbott
(b) Address: Wentworth, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 6 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Stagner Cemetery Sarcoxie

18. (a) Signature of funeral director: William J. Wetzell
(b) Address: Pierce City, Mo

19. (a) 9-20-48 (Date received local registrar) (b) M. L. Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1948 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Jan 6, 1948 to Sept 4, 1948 and that death occurred on the date and hour stated above. I last saw her alive on Sept 3, 1948

Immediate cause of death	Duration
Coronary occlusion	6 hrs.
Due to: Arteriosclerosis	15 yrs.
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

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: ____

23. Signature: F. L. Edwards (M. D. or other) M.D.
Address: Pierce City, Mo Date signed: Sept 13, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. New Ign. Co Health Unit

Date Filed 9-27-48

948-380

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 Charles E. Schroeder, Registered Apprentice No. 227, working under my personal supervision.

Signed L. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.