

No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27598

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 39

1. PLACE OF DEATH

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Georgia Horine Sondigit

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 14 - 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Lamar Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher

11. Industry or business _____

12. Name Emory Sondigit

13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Black

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Phil Sondigit

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7- -43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Seminary

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, Mo.

19. (a) 7-10-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 306 W 9th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Ninth
year 1943 hour 4:45 minute p. M.

21. I hereby certify that I attended the deceased from July 9, 1943, to July 9, 1943
that I last saw her alive on July 9
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Essential Hypertension

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. T. Doshorn (M. D. or other) _____
Address Lamar, Mo. Date signed 7/9/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11 19

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 31

District File Number 843-932

Date Filed 2019

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.....

Licensed Embalmer No. 3141

P. O. Address. Lamar 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.