

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town S.E.C. Mo.
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community 4 days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Ray 87
 (c) City or town Lebanon 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN N. SODDERS
 3. (b) If veteran, name war No 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 15
 year 1945 hour 10 minute 20 P.M.
 21. I hereby certify that I attended the deceased from Apr 11, 1945
 19____ to _____ 19____
 that I last saw him alive on Apr 15 1945
 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ellen Sodders 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased April 26 1866
 (Month) (Day) (Year)

Immediate cause of death
Coronary occlusion left myocardium chronic
 Due to atherosclerosis
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 938

8. AGE: Years Months Days If less than one day
79 4 19 hr. _____ min. _____
 9. Birthplace Ray County Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
 16. (a) Informant D. L. Sodders
 (b) Address 3605 E 26th 166 Mo.
 17. (a) Burial (b) Date thereof Sept 14, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richmond Mo.
 18. (a) Signature of funeral director Thurman and Co
 (b) Address Richmond Mo
 19. (a) 9-18-45 (b) Maldine Holmes
 (Date received local registrar) (Registrar's signature)

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) (a) Means of injury 0
 23. Signature David C. ... (M. D. or other) _____
 Address 87 E. ... Date signed 9/17/45

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

W 7779

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 C. Thurman
Licensed Embalmer No. 2073
P. O. Address Bethesda Md.

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.