

Registration District No. 074Primary Registration District No. 5227A

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County moniteau
- (b) City or town Rural Linn Twp
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 2
(Specify whether _____)
- In this community _____
years, months or days

8. (a) PRINT FULL NAME HAROLD DEAN SOUSLEY

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

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

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

7. Birth date of deceased 9 20 - 1940
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.9. Birthplace moniteau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harold Sousley13. Birthplace moniteau Missouri
(City, town, or county) (State or foreign country)14. Maiden name Viola Wiser15. Birthplace moniteau Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Harold Sousley(b) Address Jamestown Mo17. (a) Burial (b) Date thereof 9-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation mt Zion Cem.18. (a) Signature of funeral director C.A. Hornbeck(b) Address Prairie Home Mo.19. (a) _____ (b) Abbie Ouel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Moniteau
- (c) City or town Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1940 hour 9 minute 0 M.21. I hereby certify that I attended the deceased from 9 20 to 9 21,
20 1940, and that death occurred on the date and hour stated above.Immediate cause of death alcoholism Duration 27 hrs

Due to _____

Due to _____

Other conditions 161 W.
(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?
506

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A L Wurdick (M. D. or other) _____Address Prairie Home Date signed 9/21/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

not embalmed

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.....

P. O. Address.....

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, above space should be left blank.