DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 19 1940

State File No. 35427

Registration District No. 534 Primary Registration District No. 5481 Registrar's No. 72

1. PLACE OF DEATH:

(a) County HARRISON

(b) ~~City or town~~ RURAL CYPRESS TSWP.
(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HARRISON

(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.

3. (a) PRINT FULL NAME WILLIAM HARVEY SUTTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife EMMA

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

7. Birth date of deceased 1 (Month) 13 (Day) 1860 (Year)

8. AGE: Years 80 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name SAMUEL SUTTON
13. Birthplace OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY PETERSON
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Tom Ray
(b) Address Bethany, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/18/1940 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT RIDGE

18. (a) Signature of funeral director S. M. Hass
(b) Address Bethany Mo.

19. (a) 10-25-40 (Date received local registrar) (b) A. L. Wessling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May, 1929, to Oct 18, 1940, that I last saw him alive on May 1st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	15 yrs.
Due to	
Due to	
Other conditions (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 Ralph L. Walker (M. D. or other) DO
Address Bethany, Mo Date signed 10/19/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

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.....Melvin B. Th...

Licensed Embalmer No.....3899.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.