

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41963

JAN 13 1949
Registration District No. 2

Primary Registration District No. 3007

Registrar's No. 375

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 222 South F. St
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Clara Sutton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 40 hour 12 minute 30 NoonM.

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Valentine Sutton

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-15 1940 to 12-18 1940
that I last saw her alive on 9-15 1940
and that death occurred on the date and hour stated above.

8. AGE: Years About 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Chronic nephritis
Chronic myocarditis

Due to _____

Due to _____

9. Birthplace La. (City, town, or county) (State or foreign country)
At home

Other conditions (Include pregnancy within 3 months of death) 12/10/40

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Opel McDonald

(b) Address 222 South F. St

17. (a) Burial (b) Date thereof Dec 19 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City

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? _____

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 12/19/40 (b) Kate Sutz D
(Date received local registrar) (Registrar's signature)

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

23. Signature St. J. L. Lacey (M. D. or other) _____

Address Poplar Bluff Mo Date signed 12/19/40

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

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.

Not Embalmed

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.