

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1357**
Registrar's No. **317**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether years, months or days) **20 days,**

3. (a) PRINT FULL NAME **Freed Sutton**

8. (b) If veteran, name war **No.** 8. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Flora Sutton,** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **September 1 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 19 hr. min.

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

10. Usual occupation **County Assessor,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Thomas Sutton,** 18. Birthplace **Ohio,**
(State or foreign country)

{ 14. Maiden name **Elizabeth Starkey,** 15. Birthplace **Ohio,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Sutton,**

(b) Address **Emporia, Kansas,**

17. (a) **Removal** (b) Date thereof **1-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Emporia, Kansas,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Jan 21, 1941** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas,** (b) County **989**
(c) City or town **Emporia,**
(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.? **no.** **7** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **20**
year **1941** hour **11:28** minute **M.**

21. I hereby certify that I attended the deceased from **Jan 3** 19**41** to **Jan 20** 19**41**
that I last saw him alive on **Jan 20** 19**41**
and that death occurred on the **day** and hour stated above.

Immediate cause of death **Pulmonary embolus** Duration

Due to **Benign prostatic hypertrophy**
vesical calculus

Due to **134B**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **2 calculi removed** PHYSICIAN

Of autopsy **Pulmonary embolus** 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?

While at work? (Specify type of place) (a) Means of injury **D**

23. Signature **Helsa F. Ockerblad** (M. D. or other)
Address **1530 Prof Bldg.** Date signed **Jan 21**

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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, above space should be left blank.