No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31914

Registration District No. 961 Primary Registration District No. 5-33 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Aldorf
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Mt Vernon mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Johnson Sutton
3. (b) If veteran, name war no
3. (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 Mrs Martha Sutton
6. (c) Age of ~~husband or~~ wife if alive 70 years
7. Birth date of deceased January (Month) 17 (Day) 1866 (Year)
8. AGE: Years 75 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Mt Vernon mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Gen Agriculture
FATHER
12. Name William Carrol Sutton
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Williams
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Will Johnson
(b) Address Aldorf mo
17. (a) Williams Cem (Burial, cremation, or removal) (b) Date thereof Aug 9th 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Williams Cem
18. (a) Signature of funeral director Geo B Carr
(b) Address Mt Vernon mo
19. (a) 9-1-41 (Date received local registrar) (b) Verna Cate (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1941 hour 10 minute 400 A.M.
21. I hereby certify that I attended the deceased from Oct 10 1940 to Aug 7 1941 that I last saw him alive on Aug 7 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of prostate	1 year
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 R A Holmes (M. D. or other) 0
Address Mt Vernon Date signed 8-8-41

(Licensed Embalmer's Statement on Reverse Side)

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.....George B Orr.....

Licensed Embalmer No.....946.....

P. O. Address.....Mt Vernon Me

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

If this body is not embalmed, fact should be so stated above.