

No. 2  
1-4-41  
17-39  
X26390

Registration District No. **607**

Primary Registration District No. **5806-43** Registrar's No. **62**

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **Portageville, Mo.**  
(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)  
In this community **2 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Portageville, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **ALBIE E SUTTON**

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

20. DATE OF DEATH: Month **Oct** day **16**  
year **1941** hour **7:00** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed head, caused by auto accident on Highway 61**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

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) **Accident**

(b) Date of occurrence **Oct 16 - 1941**

(c) Where did injury occur? **Highway 61, New Madrid, Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place Highway 61**  
(Specify type of place) (e) Means of injury **Auto**

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Geo. Hedgicott Deputy Coroner**  
(Name of other) \_\_\_\_\_  
Address **New Madrid, Mo** Date signed **Oct 17 - 1941**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anthony Howell** 6. (c) Age of husband or wife if alive **26 years**  
7. Birth date of deceased **June 10 1914**  
(Month) (Day) (Year)

8. AGE: Years **27** Months **4** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **farmer**

11. Industry or business \_\_\_\_\_

12. Name **Albie Sutton**

13. Birthplace **McLemoreville, Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Albie Carter**

15. Birthplace **McLemoreville, Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **C. C. Sutton**

(b) Address **Portageville, Mo**

17. (a) **Removal** (b) Date thereof **10-18-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **McLemoreville, Tenn**

18. (a) Signature of funeral director **Arthur J. General**  
(b) Address **Portageville, Mo**

19. (a) **Oct 23, 1941** (b) **Mary W. Cook**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 1141-1523

Date Filed 11/10/41

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**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, fact should be so stated above.**