

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 1569

FILED FEB 18 1942

Registration District No. 19Primary Registration District No. 5026Registrar's No. 1

1. PLACE OF DEATH:

- (a) County Atchison
 (b) City or town Rural Polk Twp.
 (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 _____
years, months or days3. (a) PRINT FULL NAME Henry Sutter3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Dottie Fuller Sutter 6. (c) Age of husband or wife if alive 36 years7. Birth date of deceased AUGUST 14 1871
(Month) (Day) (Year)8. AGE: Years 70 Months 4 Days 29 If less than one day _____ hr. _____ min.9. Birthplace MARYVILLE Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm Sutter13. Birthplace UNKNOWN Switzerland
(City, town, or county) (State or foreign country)14. Maiden name MINNA Hartman15. Birthplace Atchison Co Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dottie Sutter(b) Address Watson Mo17. (a) Burial (b) Date thereof 1-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Smith Cem.18. (a) Signature of funeral director Ray Bechtel(b) Address Rock Port Mo.19. (a) Jan 15, 1942 (b) Dottie Fuller Sutter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Atchison
 (c) City or town Rural Polk Twp.
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 12 day _____
year 1942 hour 7.30 P. M. minute _____ M.21. I hereby certify that I attended the deceased from July 1942, 19 _____, to Jan 12-42, 19 _____;
that I last saw him alive on Jan 12-42, 19 _____,
and that death occurred on the date and hour stated above.Immediate cause of death Brain Hemorrhage (Stroke) Duration _____Due to Hard arteries- and hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: No. 83a
Of operations _____Of autopsy No.

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?

While at work? _____ (Specify type of place) (e) Means of injury 023. Signature D. A. Gray (M. D. examiner)
Address Watson No. Date signed 1/14/42

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

Grady Bartholomew

Licensed Embalmer No. *3173*

P. O. Address *Rock Port, 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.