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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

26873

State File No. 26873

Registration District No. 53 — Primary Registration District No. 8010 — Registrar's No. 241.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 1/2 hours (Specify whether years, months or days) — In this community: 16 1/2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: Portageville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George Edward Sutherland
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M. O
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 21 (Day), 1942 (Year)
8. AGE: Years; Months: 3; Days: 23; If less than one day: hr. min.
9. Birthplace: Cape Girardeau (City, town, or county), Missouri (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Henry Sutherland
13. Birthplace: Evansville (City, town, or county), Indiana (State or foreign country)
MOTHER 14. Maiden name: Sarah Gattye Bethick
15. Birthplace: Blytheville (City, town, or county), Ark (State or foreign country)
16. (a) Informant: Henry Sutherland
(b) Address: Portageville, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 8-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville Cemetery
18. (a) Signature of funeral director: Joe C. Dean
(b) Address: Portageville, Mo.
19. (a) Aug 13-42 (Date received local registrar) (b) F. H. Shelton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 13th year: 1942 hour: 9 minute: 12 P.M.
21. I hereby certify that I attended the deceased from Aug 12th, 1942 to Aug 13th, 1942; that I last saw h alive on Aug 13th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenzal meningitis	3 days
Due to: apparently primary	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 33 W	
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: H. H. Cochran (M. D. ~~coroner~~)
Address: Cape Girardeau, Mo. Date signed: 8/13/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 942-173
Date Filed 9-9-42

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 Neil C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.