

FILED NOV 9 1942

Registration District No. 144

Primary Registration District No. 5563

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural; Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 miles S. E. of Arcadia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles South East of Arcadia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from
June 29 1942 to October 19 1942.
that I last saw him alive on October 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration 2 day

Due to Carcinoma of left cervical lymphatic chain and adjacent structures
Due to _____ 4 yrs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 552
Of operations _____

Of autopsy _____

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 MS

23. Signature G. C. Dixon (M. D. or other) MS
Address Ironton mo Date signed 10/21/42

3. (a) PRINT FULL NAME Daniel William Sutton

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Lottie Sutton 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased August 18 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Chloride Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Sutton

13. Birthplace Arcadia Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Narcissia Henson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Sutton

(b) Address Arcadia Missouri

17. (a) burial (b) Date thereof 10-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chloride Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 10-25-42 (b) Virginia E. Miller
(Date received local registrar) (Registrar's signature)

NOV 9 1942

RECEIVED

District Health Officer No. 3
File Number 1142-1345
Date filed 11-6-42

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 Arcey White
Licensed Embalmer No. 5012
P. O. Address Docton Mission

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.