

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14652

State File No.

P. 2
-5-42
-7-39
X32873

FILED MAY 1 1943

Primary Registration District No. 5610

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Jefferson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 46 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R # 3, Windsor
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, Day 28
year 1943, hour 11:45 p.m. minute..... M.

I hereby certify that I attended the deceased from Jan 1 - 1941
to Feb - 28 - 1943
that I last saw him alive on Feb 28 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
cause of pneumonia
Due to.....
boils

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Etta Elbert Sutherland

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

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James O. Sutherland 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 18 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Lodman Elbert
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Belle
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. O. Sutherland
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) 2-1-43 (b) RA Banning
(Date received local registrar) (Registrar's signature)

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.....
23. Signature W. M. Wall (M. D. or other) W.D.
Address Windsor Mo. Date signed 3-10-43

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

MOTHER FATHER

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.....

E. M. Hinton

Licensed Embalmer No.....

3391

P. O. Address.....

Windsor 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14652

Registration District No. 168

Primary Registration District No. 5610

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural
(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 46 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town Rural
(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 Etta C. Sutherland

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to Cancer of breast and ovaries
Primary site of metastasis was in left breast.
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 50
Of autopsy _____

Duration

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. J. Wall (M. D. or other) M.D.

Address London MO Date signed 5-25

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

MOTHER FATHER

SUPPLEMENTARY

S-14652