

FILED MAY 7 1943  
Registration District No. 267

Primary Registration District No. 0607

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Kingsville, Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rural, Kingsville, Mo.  
(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 35 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. Kingsville, Twp.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT BENJAMIN FRANKLIN SUTTON  
FULL NAME

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

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

6. (b) Name of husband or wife Spil Duncan Sutton 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased October 25 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	5	24	hr. _____ min.

9. Birthplace Thorntown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer on farm

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

12. Name William Madison Sutton

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

14. Maiden name Mary E. Hessler

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

16. (a) Informant Mary Sutton

(b) Address Kingsville, Missouri.

17. (a) Burial (b) Date thereof Apr 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duncan Cemetery

18. (a) Signature of funeral director Canada and Ropp

(b) Address Holden, Missouri

19. (a) 4-22-43 (b) Mrs Frank Morris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day of April  
year 1943 hour 4:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from January 12 1937 to April 19 1943;  
that I last saw him alive on April 19 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Gen Arteriosclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chr. Myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_

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

23. Signature Kelly Rawlins (M. D. or other) \_\_\_\_\_  
Address Holden Mo Date signed 4/22/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed ~~5-2-43~~

5-6-43

---

---

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..... *W. L. Canada* .....

Licensed Embalmer No..... *3434* .....

P. O. Address..... *Holden, 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.