

FILED JUN 24 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Convalescent Home - 4622 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
In this community 81 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Bachelor Hotel - 510 East 8th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Mr. Clyde A. Sutton
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8th
year 1943 hour 7 minute A. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed Widowed
6. (b) Name of husband or wife Mrs. Sadie Annis
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: July 30 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7 1943 to June 7 1943
that I last saw him alive on June 6 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death: Bronchopneumonia
Duration _____

9. Birthplace: Dowagiac Michigan
(City, town, or county) (State or foreign country)

Due to Cerebral Hemorrhage
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: R. R. Special Agent

11. Industry or business: Retired 15 Years

MOTHER FATHER
12. Name Peter D. Sutton
13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Allen
15. Birthplace Dowagiac Michigan
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____

16. (a) Informant Wm. V. V. Sutton
(b) Address 5647 Paseo

17. (a) Cremation (Burial, cremation, or removal)
(b) Date thereof June 10, 1943
(Month) (Day) (Year)
(c) Place: D. W. Newcomer's Sons

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. H. ... (M. D. or other) _____
Address 1012 ... Date signed 6/8/43

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 6-9-43 (Date received local Registrar)
(b) J. B. Brown (Registrar's signature)

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

1022 Morgan Blvd.

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..... *H. C. Newcomer Jr*
Licensed Embalmer No..... *4043*
P. O. Address..... *H. C. M.*

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.