

FILED AUG 11 1943

Registration District No. 1

Primary Registration District No. 3000

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

1. PLACE OF DEATH:  
 (a) County Adair  
 (b) City or town Furnessville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Laughlin Hosp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 wks  
 (Specify whether  
 In this community         
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Clark<sup>23</sup>  
 (c) City or town Luray  
 (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 William H. Sutton  
 3. (b) If veteran, name war         
 3. (c) Social Security No.       

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced SO  
 6. (b) Name of husband or wife         
 6. (c) Age of husband or wife if alive        years  
 7. Birth date of deceased Oct. 14 1884  
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 5  
 If less than one day        hr.        min.

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

10. Usual occupation Farming

11. Industry or business       

MOTHER FATHER  
 { 12. Name W. J. Sutton  
 { 13. Birthplace Mo?  
 { 14. Maiden name Jane Porter  
 { 15. Birthplace Mo?

16. (a) Informant John Thompson  
 (b) Address Luray Mo.

17. (a) Burial (b) Date thereof 7/21/43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thompson Cem.

18. (a) Signature of funeral director Guttinger Mort.  
 (b) Address Kahoka Mo.

19. (a) 7/24/43 (b) Mrs. J. L. Wayne  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 19  
 Year 1943 hour 7 minute 28 AM  
 21. I hereby certify that I attended the deceased from  
June 30 1943 to July 19 1943  
 that I last saw him alive on July 19 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
 Due to Prostatic hypertrophy 5 yrs  
 Due to         
 Other conditions (Include pregnancy within 3 months of death)         
 Major findings: Non Malignant Prostatic hypertrophy  
 Of operations         
 Of autopsy       

Duration  
5 yrs

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?  
 While at work (Specify type of place) (e) Means of injury         
 23. Signature Paul Laughlin (M. D. or other)         
 Address Parisville Mo Date signed 7-19-43

RECEIVED

District Health Officer No. 10

District File Number... 8-43-1286

Date Filed ..... AUG 10 1949

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.C. Sumner

Licensed Embalmer No. 2159

P. O. Address Knoxville, 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.