

No. 2
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-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10812
Registrar's No. 1048

FILED JAN 11 1944
128
Registration District No. 128

Primary Registration District No. 5466

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Rural, Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution. 6 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME BENJAMIN F. SUTTER
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Leuk Jan
6. (c) Age of husband or wife if alive dec 7 1884 years

7. Birth date of deceased (Month) Jan (Day) 7 (Year) 1884
8. AGE: Year 59 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Christine Sutter
13. Birthplace Urb. Switzerland 5
(City, town or county) (State or foreign country)

14. Maiden name Urb. Unknown
15. Birthplace Urb. Unknown 9
(City, town or county) (State or foreign country)

16. (a) Informant Syella Sutter
(b) Address Waseca Minn
(c) Place: burial or cremation Waseca Minn

17. (a) Signature of funeral director Waseca Minn
(b) Address Waseca Minn

18. (a) Signature Waseca Minn
(b) Address Waseca Minn
19. (a) 12-23-43 (b) W. W. Doudley
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MINN. (b) County WASECA 999
(c) City or town WASECA, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ROUTE 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 2

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Dec day 22
year 1943 hour 7:30 minute pm
21. I hereby certify that I attended the deceased from 12/16/43
1943 to 12/22 1943
that I last saw him alive on 12-22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration
Due to
Due to
Other conditions (include pregnancy within 3 months of death) 100

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?
(Specify type of place)

While at work? (Specify type of place) (a) Means of injury
23. Signature Waseca Minn M.D. or other
Address Waseca Minn Date signed 12-23-43

FEB 6 1948

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 J. B. Klugner
Licensed Embalmer No. 3358
P. O. Address Springfield, 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.

X