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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7553

State File No.

Registration District No. 170 Primary Registration District No. 5627 Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Rural Farm [illegible]
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Orla Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH E. SUTTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John E Sutton

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept (Month) 18 (Day) 1875 (Year)

8. AGE: Years 68 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Jasper Co (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Fred J. Saltwell
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Sara Summers
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Alvie Sutton
(b) Address Orla Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation McBride

18. (a) Signature of funeral director W. E. Holman
(b) Address Lebanon Mo.

19. (a) 1-31-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1944 to Jan 15, 1944
that I last saw her alive on Jan 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Double Fever Pneumonia fever

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
—
Of autopsy —

Duration

108

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. F. Schlicht (M. D. or other)

Address Nimpie Mo Date signed 1-25-44

1090 (Licensed Embalmer's Statement on Reverse Side)

Received .....
Laclede County Health Unit
File No. 1-44-6
Date Filed 2/21/44

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 Dorsey N. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.