

FILED AUG 21 1944 8

Registration District No. _____

Primary Registration District No. 3006

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
506 Lyons St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 79 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 506 Lyons St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM CURTIS SUTTON

3. (b) If veteran, name war None
3. (c) Social Security None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Roy Keene Sutton
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 - 4 - 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Boone County Mo. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER
12. Name William Sutton
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Cornelia Hickam
15. Birthplace Boone County Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant T. E. Sutton
(b) Address Columbia, Mo.
17. (a) Burial (b) Date thereof 7-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Carroll Funeral Service
Columbia, Mo.
(b) Address _____

19. (a) 7-19-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1944 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 17 to July 17, 1944
that I last saw him live on July 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Acute
Due to unknown infection

Due to General Arterio-sclerosis
Cerebral Hemorrhage

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 43a
Of autopsy no

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) _____
(e) Means of injury _____
23. Signature Stephen D. Smith (M. D. or other)
Address Columbia Date signed July 18

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

10
2
4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-18-44

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 W. A. Whitwides

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.