U. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27190

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 182

1. PLACE OF DEATH:
(a) County Cole County
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: New Moon Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 1 year (Specify whether years, months or days)
In this community about 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Gravois Mills 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Thomas Henry Sutton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lizzie Keish
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10 (Day) 1855 (Year)

8. AGE: Years 90 Months Days 7 If less than one day hr. min.

9. Birthplace Macon County, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation retired carpenter
11. Industry or business
12. FATHER Name unknown
13. FATHER Birthplace unknown (City, town, or county) 7 (State or foreign country)
14. MOTHER Maiden name Elizabeth Wendel
15. MOTHER Birthplace unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. Adella Warner 1
(b) Address Gravois Mills, Missouri
17. (a) removal to Versailles, Mo (Burial, cremation, or removal) (b) Date thereof 8 (Month) 17 (Day) 45 (Year)
(c) Place: burial or cremation Wilson Bend Cemetery In Camden Co.
18. (a) Signature of funeral director L. F. Caldwell
(b) Address Versailles Mo
19. (a) 8-18-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17 year 45 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from 8/16/45, 19.. to 8/17/45, 19..; that I last saw him alive on 8/16/45, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia hypostatic — Duration 2 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 [illegible] (M. D. or other)
Address Jefferson City Mo Date signed 8/18/45

848

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-7-45

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 George N. Barton

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, 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.