

S. No. 2
FORM-5-43
Rev. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12607**

FILED MAY 2 1946

Registration District No. **72**

Primary Registration District No. **5289**

Registrar's No. **42**

11512
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Clay**

(b) City or town **R.R. #10 North Kansas City, Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **At Home R.R. # 10 /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **xxx**
(Specify whether years, months or days)

In this community **65 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State **Clay** (b) County **24**

(c) City or town **North Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **R.R. # 10 N.K.C.**
(If rural, give location)

(e) Citizen of foreign country? **xxxx** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Walter Alan Suggett**

3. (b) If veteran, name war **xxxx**

3. (c) Social Security No. **xxxxxx**

4. Sex **Male** 5. Color of race **White**

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

6. (b) Name of husband or wife **Annie B. Suggett**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **March 13 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	6	hr. xx min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **Self**

MOTHER FATHER

12. Name **Daniel Suggett**

13. Birthplace **xxx Missouri**
(State or foreign country)

14. Maiden name **Elizabeth Bowels**

15. Birthplace **xxx Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Annie Suggett**

(b) Address **North Kansas City R.R. #10**

17. (a) **Burial** (b) Date thereof **April 22 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Cemetary**

18. (a) Signature of funeral director **Morton-Smith's**

(b) Address **832 Armour Rd. No. Kan. City**

19. (a) **Apr 22 - 46** (b) **Beulah Kitchener**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19** 19**46** year
hour **12** minute **P** M.

21. I hereby certify that I attended the deceased from **1-19-46** to **4-16-46**
19**46** to **1946**

that I last saw h. **alive** on **4-16-46** and that death occurred on the date and hour stated above.

Immediate cause of death **respiratory**

Due to **arteriosclerosis -**

Due to **chronic nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **131k**

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?

23. Signature **R. H. ...** (M. or other)
Address **North KC. Mo** Date signed **4/22/46**

Duration **6 wks**

PHYSICIAN

Underline the cause to which death should be charged statistically.

63

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-2-46

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Thermon O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.