

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26991

FILED SEP 11 1946

State File No. _____

Registration District No. 74

Primary Registration District No. 4234

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's of the Ozarks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one hour
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Arcadia, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Arthur Wendell Sutton

3. (b) If veteran, name war World War II 3. (c) Social Security No. 490-14-2884

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased August 28 1918
(Month) (Day) (Year)

8. AGE: Years 27 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Glover, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Utilities

12. Name Miles Sutton

13. Birthplace Glover, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lena E. Dunn

15. Birthplace Iron County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miles Sutton

(b) Address Arcadia, Missouri

17. (a) burial (b) Date thereof Aug. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glover, Missouri

18. (a) Signature of funeral director Thomas White and son

(b) Address Ironton, Missouri

19. (a) Aug 8-46 (b) Mrs. Avo Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6:30 P.M.
8-5-46 to 7:30 P.M. 1946
that I last saw him alive on 7-5-46
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture
Abdominal Evisceration
Due to Accident

Other conditions (Include pregnancy within 3 months of death) 1700 cc. g.

Major findings: Of operations none Of autopsy none
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident (auto)

(b) Date of occurrence 7-5-46

(c) Where did injury occur? Mer. Bank and
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway - Auto
(Specify type of place) (e) Means of injury Auto

23. Signature W. H. Day (M. D. or other)

Address Ironton Mo Date signed 7-7-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
25833

946-2593
9-10-46

MAR 26 1947

SEP 11 1946

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 Lyle A. White
Licensed Embalmer No. 4295-
P. O. Address Oronota, 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.