

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1942
STANDARD CERTIFICATE OF DEATH

State File No. 8751

Registration District No. 132 Primary Registration District No. 302 Registrar's No.

1. PLACE OF DEATH:
(a) County Brandy
(b) City or town Trenton
(c) Name of hospital or institution: Wright Memorial Hosp. O
(d) Length of stay: In hospital or institution 18 days
In this community 50-yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Brandy
(c) City or town Trenton
(d) Street No. 723 Emma
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EDNA Sutton
3. (b) If veteran, name war No.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16
year 1947 hour 7:00 minute 4 M.
21. I hereby certify that I attended the deceased from Dec 29th
1946 to Jan 16th 1947
that I last saw h. or alive on Jan 16th 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Wm E. Sutton
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased May 23 1856
(Month) (Day) (Year)

Immediate cause of death
Fracture neck of left femur
Duration 18 days
Due to Fall at Home

8. AGE: Years 91 Months 7 Days 23
If less than one day hr. min.

9. Birthplace Columbia Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Short
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Martha Poe
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

16. (a) Informant Wm E. Sutton
(b) Address Trenton, Mo.
17. (a) Burial (b) Date thereof 1-18-47
(Month) (Day) (Year)
(c) Place: burial or cremation N. of P. Cem.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fall at Home
(b) Date of occurrence Dec. 29th 1946
(c) Where did injury occur? Trenton Ind. no 10
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Chas. D. Lipson
(b) Address Trenton, Mo.
19. (a) 1-18-47 (b) June 2nd
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place)
Cause of injury Fall
23. Signature Trenton Mo (M. D. or other) June 1947
Address Date signed

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

40
1
27

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, ~~000~~.....

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

Signed..... *Maurice Ogler*.....

Licensed Embalmer No. *4442*.....

P. O. Address..... *Trenton, 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.