

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

FILED JUN 9 1947

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2381

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2203 1/2 E. 12th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 1/2 days  
(Specify whether years, months or days)

In this community 10 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 608 1/2 E. Armour 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUCAS Earnestine Suttington

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Col.

6. (a) Single, widowed, married, divorced sep.

6. (b) Name of husband or wife George Suttington

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased 10 25 1925  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27 year 1947 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Deputy 19 Coroner 19 19 that I last saw him alive on and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
<u>21</u>	<u>7</u>	<u>2</u>	hr. min.

Immediate cause of death Suffocation

Due to Gas & Heat

Due to Gas Furnace

Other conditions (include pregnancy within 3 months of death) 178 A

9. Birthplace England Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation House maid

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ernest Ross 9

{ 13. Birthplace Unknown (City, town, or county) (State or foreign country)

{ 14. Maiden name Evelyn Lucky

{ 15. Birthplace Little Rock Ark. (City, town, or county) (State or foreign country)

Major findings: Of operations 40

Of autopsy No-Permit

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Evelyn Hart

(b) Address 608 E. Armour

17. (a) Permanal (b) Date thereof May 31, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark.

18. (a) Signature of funeral director Hest Appleton Jones

(b) Address 110 E. 12th St.

19. (a) 5-30-47 (b) Ernestine Holmes  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence 5-27-47

(c) Where did injury occur? M.C. Jackson Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hotel - 2203 1/2 E - 12th St.  
(Specify type of place)

While at work? no (e) Means of injury Suffocation

23. Signature H. Williams (M. D. or other) M.C.  
Address 2636 Broadway Date signed 5-27-47

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

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**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.....

*[Handwritten Signature]*

..... Licensed Embalmer No.....

..... P. O. Address.....

**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.**