No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

Registration District No. 526

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21353

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Olivia Apts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: All Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: Olivia Apts
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Katherine Sutton Ball
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan 31 (Month) (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	20	hr. min.

9. Birthplace: Joplin, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business: Dept Store Mgr.
FATHER
12. Name: Henry Sutton
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Amanda Brown
15. Birthplace: Ill (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Carolyn Blair
(b) Address: Rt # 1 Webb City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery
18. (a) Signature of funeral director: Thornhill-Dillon Mortuary
(b) Address: Joplin, Mo.
19. (a) 5-22-47 (Date received local registrar) (b) Dolores Lampkins O.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1947 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from 19 38 to May 20 1947, 19 ; that I last saw her alive on May 18 1947, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion.	instant
Due to: intestinal influenza.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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? Means of injury:
23. Signature: (M. D. or other)
Address: Joplin Mo. Date signed 5/20/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-6-517

AUG 6 1947

DEC 5 1950

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.