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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21628

State File No. _____

FILED JUN 23 1947

Registrar's No. 232

Registration District No. 209

Primary Registration District No. 3042

1. PLACE OF DEATH:

(a) County ~~PIKE~~ MARION

(b) City or town HANNIBAL

(c) Name of hospital or institution: ST ELIZABETH HOSP. O
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution. 1 DAY (Specify whether in this community years, months or days) 1 WEEK

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PIKE 82

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

(d) Street No. 3 MI WEST ST. CLEMENTS MO (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HENRY DAVID SUTTMOLLER

3. (b) If veteran, name war. NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1947 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from June 2-1947 to June 3, 1947 that I last saw him alive on June 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia Duration 4 days

4. Sex M O

5. Color or race W

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

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

7. Birth date of deceased. MAY 26 1947 (Month) (Day) (Year)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 10

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

0 0 8 - hr. - min.

9. Birthplace PIKE COUNTY MO (City, town, or county) (State or foreign country)

10. Usual occupation NINE

11. Industry or business _____

12. Name HERMAN D. SUTTMOLLER

13. Birthplace PIKE COUNTY MO (City, town, or county) (State or foreign country)

14. Maiden name PERL BELLAMY

15. Birthplace PULTON MO. (City, town, or county) (State or foreign country)

16. (a) Informant Anna Suttmoller

(b) Address Bowling Green, MO.

17. (a) REMOVAL (b) Date thereof JUNE 3 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. CLEMENTS MO.

18. (a) Signature of funeral director J. C. Mudd

(b) Address Bowling Green, MO.

19. (a) 6-13-47 (b) Dr. M. Luffe (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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. P. Harvey (M. D. or other) Address Hannibal Mo Date signed 6-4-47

(Licensed Embalmer's Statement on Reverse Side)

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

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 James C. Muddel
Licensed Embalmer No. 4152
P. O. Address Bauring Green, 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.