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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31676**  
Registrar's No. **35**

FILED OCT 11 1947

Registration District No. **167** Primary Registration District No. **4256**

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

1. PLACE OF DEATH:  
(a) County **Johnson**  
(b) City or town **Holden**  
(c) Name of hospital or institution:  
**East 6th Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether  
In this community **4 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Johnson**  
(c) City or town **Holden**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **East 6th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **XXXX**

3. (a) PRINT FULL NAME **ISABELLA SUTTINGTON**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

4. Sex **female** 3. 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **William Suttington**  
6. (c) Age of husband or wife if alive **dec'd** years  
7. Birth date of deceased **November 16, 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	9	26	hr. min.

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

10. Usual occupation **at home**

11. Industry or business **XXXX**

MOTHER FATHER

12. Name **Lawson Wells**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucy Caldwell**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Howard Nevins**  
(b) Address **Holden, Missouri**

17. (a) **Burial** (b) Date thereof **Sept 14, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden, Missouri**  
**Canaday & Ropp**

18. (a) Signature of funeral director **Holden, Missouri**

19. (a) **Oct 4, 1947** (b) **mes H O Redford**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12**  
year **1947** hour **4:25** minute **P** M.  
21. I hereby certify that I attended the deceased from **Dec 12**  
**21** 19 **47** to **Sept 12** 19 **47**  
that I last saw her alive on **Sept 10** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute ludo Cardita**

Due to **Myocarditis, Chronic**

Due to **1947**

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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

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?

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

23. Signature **J. J. ...** (M. D. or other) **Do.**  
Address **Holden Mo** Date signed **9/20/47**

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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 *Samuel B. Popp*

Licensed Embalmer No. *4044*

P. O. Address *Holden, Md.*

**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.**