

No. 2
-12-45
5-17-39
1 X47070

FILED OCT 21 1947

Registration District No. **6**

Primary Registration District No. **3001**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution West State
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr
years, months or days

3. (a) PRINT FULL NAME Emma Virginia Sutton

3. (b) If veteran, name war _____ 3. (c) Social Security No. 697-01-7806

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 2 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 10 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business _____

12. Name Eli Clay Sutton

13. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Belle Tolliver

15. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lloyd Bourroughs

(b) Address Jefferson City, Mo

17. (a) Burial (b) Date thereof Oct 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director Wm S. Waters

(b) Address Vandalia, Mo

19. (a) Oct 14 1947 (b) Mellie Fugua
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 318 North Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1947 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from March 24 1946 to Oct 12 1947
that I last saw her alive on Oct 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Due to Arterial Sclerosis

Due to _____
Other conditions Carcinoma both breasts
(Include pregnancy within 3 months of death)

Major findings: 50
Of operations _____
Of autopsy _____

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?

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

23. Signature Ree Alford (M. D. or other) _____
Address 110 E State Vandalia Date signed 10-14-47

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

MOTHER FATHER

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.....

Wm B. Waters

Licensed Embalmer No.....

4169

P. O. Address.....

Dundee 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.