S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1947

Registration District No. 201

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35027

Primary Registration District No. 5738

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town La Plata Missouri - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: --- 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No) 1

If yes, name country ----

3. (a) PRINT FULL NAME America Graves

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased Sept. (Month) 20 (Day) 1877 (Year)

8. AGE: Years 70 | Months 0 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Adair Co. (City, town, or county) Missouri (State or foreign country) 3

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Thomas Sutton
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 3

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ..... (State or foreign country) 4

16. (a) Informant Mrs. Lottie Combs 1

(b) Address Kirksville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/47 (Month) (Day) (Year)

(c) Place: burial or cremation Ownbey Cmt.

18. (a) Signature of funeral director D E Riley

(b) Address Kirksville, Missouri

19. (a) Oct 27-47 (Date received local registrar) (b) Mrs O B Griffin (Registrar's signature) 14 in

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1947 hour 5 minute P M.

21. I hereby certify that I attended the deceased from none, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Came to her death when in her automobile was struck by a west-bound passenger train of A.T. & S.F. Railroad Co., about 4 miles South west of LaPlata on crossing known as "Carpenter Crossing", which we conside was accidental.

Duration

Due to

Due to

Other conditions (Jury Verdict)
(Include pregnancy within 3 months of death)

Major findings:
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) accident 61

(b) Date of occurrence 10-19-47

(c) Where did injury occur? La plata (City or town) Macon (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Santa Fe RR track crossing (Specify type of place)

While at work Riding in car Means of injury Killed

23. Signature H. G. Edwards Coroner (M. D. or other) 3

Address Bevier Mo Date signed 10/20/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 11.47.1
Date Filed NOV - 3 1947

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 D E E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.