

Registration District No. 316

Primary Registration District No. 6074

1. PLACE OF DEATH:

(a) County ST. FRANCOIS  
(b) City or town LEADWOOD, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 ST. FRANCOIS  
(c) City or town LEADWOOD 94  
(If outside city or town limits, write "RURAL")  
(d) Street No. NONE 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES EDWARD SUTTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased FEBRUARY 29 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 1 hr. 30 min.

9. Birthplace LEADWOOD MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name JOHN W. SUTTON

13. Birthplace IRON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES BRAWLEY

15. Birthplace WAYNE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN W. SUTTON

(b) Address LEADWOOD, MO.

17. (a) BURIAL (b) Date thereof 3/1/48  
(Burial, cremation, or reposed) (Month) (Day) (Year)

(c) Place: burial or cremation RURAL DONNETERRE

18. (a) Signature of funeral director Bert T. Boyer

(b) Address Leadwood, MO

19. (a) 3-9-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 29th  
year 1948 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 2-29-48  
1948, to 2-29-1948

that I last saw him alive on 2-27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Icterus Gravis

Neonatorum

Due to Loop in cord (umbilical)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (e) Means of injury 2

23. Signature Edward W. Lacey (M. D. or other) 20

Address Potosi, Missouri Date signed 3/1/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4  
0  
0

RECEIVED

Health Officer No. 4

License Number 348-359

Date Filed 3-16-48

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.....

*Not*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Bert L. Boyer*

Licensed Embalmer No. 3442

P. O. Address Leadwood

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.