

S. No. 300  
M-10-47  
rv. 5-17-39  
I 2908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED NOV 29 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37616  
Registrar's No. 55

Registration District No. 2-16

Primary Registration District No. 5945

Registrar's No. 55

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

1. PLACE OF DEATH:  
(a) County Shelby  
(b) City or town Memphis  
Name of hospital or institution: Memphis Hospital 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Tennessee (b) County 977  
(c) City or town Memphis  
(d) Street No. 1100 1/2 West Court  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Andrew J. Suratt  
3. (b) If veteran, K name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 18  
year 1948 hour 11 minute 45 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 1948  
that I last saw him alive on Nov 18, 1948  
and that death occurred on the date and hour stated above.

4. Sex M race W  
5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nan Suratt  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Nov 2 1881  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis  
Due to Arteriosclerosis  
Due to \_\_\_\_\_

8. AGE: Years 47 Months 16 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Northfield Minn  
(City, town, or county) (State or foreign country)  
10. Usual occupation Statulation of cell

11. Industry or business \_\_\_\_\_  
12. Name Geo Suratt  
13. Birthplace N.Y.  
14. Maiden name Paula Ann  
15. Birthplace Ill  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Nov 18 1948  
(c) Where did injury occur U.S. Highway 66  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U.S. Highway 66  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

16. (a) Informant Nan Suratt  
(b) Address 1109 Pine at Springfield cell  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Springfield cell  
18. (a) Signature of funeral director Dr. Schlicker  
(b) Address 9th & Jones, Mo  
19. (a) 11-23-48 (Date received local registrar) (b) Albra E. Birmingham (Registrar's signature)

23. Signature S. G. Y. [unclear]  
Address [unclear] Date signed 11/19/48

RECEIVED

NOV 26 1948

Phelon County Health Officer,

County File Number \_\_\_\_\_

Date Filed 11/26/48

LE 13 3310

**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 \_\_\_\_\_

\_\_\_\_\_ *me* \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed *Paul E. Lickley* \_\_\_\_\_

Licensed Embalmer No. 3546 \_\_\_\_\_

P. O. Address St James 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.**