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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39142  
Registrar's No. 174

Registration District No. 360

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Nevada City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days  
(Specify whether)

In this community Some Time  
years, months or days

3. (a) PRINT FULL NAME JERRY M. SUTHERLAND

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

3. (c) Social Security No. 509-07-3825

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary J. Sutherland

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

7. Birth date of deceased May 6 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 23

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

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

12. Name Jessie Sutherland

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Fancy

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Sutherland

(b) Address Los Angeles, Calif.

17. (a) Burial (b) Date thereof Nov. 1st 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allie S. Hays

(b) Address Nevada, Mo.

19. (a) 11-8-48 (b) Nathryn Hancy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada  
(If outside city or town limits, write "RURAL")

(d) Street No. 424 E. Sycamore St.  
(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 29 year 1948 hour 3: PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 8 1948 to Oct 29 1948

that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage Duration 10 hrs

Due to hypertensive heart disease 3 yrs

Due to Chronic interstitial nephritis 3+ yrs

Other conditions Diabetes Mellitus 30 da  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations none

Of autopsy none

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

23. Signature Rolland Gray (M. D. or other) MD

Address Nevada Mo Date signed 11-2-48

RECEIVED

District Health Officer No.

District File Number 10-48-1

Date Filed 11-15-48

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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.....

..... Bert B. Bennett ....., Registered Apprentice No. 83  
working under my personal supervision.

Signed..... Allen S. Hays .....

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.