

REC'D FEB 20 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1122

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 299  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 135  
 (c) City Kansas City (d) Street No. 6326 Morningside Drive St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John Sutherland  
 (a) Residence, No. 6326 Morningside Drive St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 6 12  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Marys  
 (STATE OR COUNTRY) Ontario, Canada

FATHER 13. NAME James Sutherland

14. BIRTHPLACE (CITY OR TOWN) Scotland  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Frances Ousten

16. BIRTHPLACE (CITY OR TOWN) Eng<sup>land</sup>  
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. B. P. Connolly  
446 West 56th Street, Kansas Cy.

18. BURIAL PLACE Forest Hill Cem.  
Kansas City, Mo. DATE January 11, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure  
 (ADDRESS) Kansas City, Missouri

20. FILED Jan 11, 1939 M. M. Crowe  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 1939, to Jan 9, 1939I last saw him alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at P.m. 9:45

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
of lower lobe  
108

Date of onset

1-7-39

Other contributory causes of importance:

Sensitivity & AnemiaName of operation no Date ofWhat test confirmed diagnosis diagnosis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

Number of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Owens, M. D.(Address) Kansas City, Mo.

1634

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c  
with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**