

REC'D JUN 8 1939

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

17825
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2227
 (c) City Kansas City, Mo. (d) Street No. 327 S. Topping 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 Mrs. Ana Marie Sutherland

(a) Residence, No. 327 S. Topping 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roderick Dhu Sutherland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 61

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME John Larrmore

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

MOTHER 15. MAIDEN NAME Brcas Wyatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

17. INFORMANT Roderick Friend
 (ADDRESS) 327 S Topping

18. BURIAL, CREMATION, OR REMOVAL PLACE Superior, Nebr. DATE May 29, 1939

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
 (ADDRESS) 2825*Indep. Blvd. K.C. Mo.

20. FILED May 29 1939 M. M. Kerwin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 19 39

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1939, to 5/29, 1939
 I last saw him alive on 5/26, 1939. Death is said to have occurred on the date stated above, at 5:15 m. AM
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
8201
 Other contributory causes of importance: Arterio Sclerosis
 Date of onset 5/21/39

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) R. H. Williams, M. D.
 (Address) 5400 S. John St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Williams Benton 2659
St John & Hardesty

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 comply with the above constitutes grounds for revocation of license.)

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