DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6406

Registration District No. 224 Primary Registration District No. 4137 Registrar's No. 4

1. PLACE OF DEATH:

(a) County COOPER

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

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

(d) Length of stay: In hospital or institution (Specify whether In this community 67 years years, months or days) 350

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

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

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY ELIZEBETH SUTTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 22 (Day) 1854 (Year)

8. AGE: Years 86 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Cass County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Perry Cooper
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sara Jane Son
15. Birthplace Jackson Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. E. J. Hall

(b) Address Prairie Home Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 13 (Day) 40 (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home Mo

19. (a) 2-13-40 (Date received local registrar) (b) N. A. L. Meredith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 2 12, 1940 to , 19 ; that I last saw him alive on 2-12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 40

Major findings:
Of operations
Of autopsy

Duration 7/12/40

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A L Meredith (M. D. or other)

Address Prairie Home Mo Date signed 7/12/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19311

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-18-40

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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, above space should be left blank.