

APR 22 1940

Registration District No. 316 Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 897 N. Franklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 897 N. Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME DAVID HARRISON SUTHERLAND
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 3
year 1940 hour 5:15 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Sutherland 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 15 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11, 20, 89 19, to 3, 3, 40 19, that I last saw him alive on 8, 1, 40 19, and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 10 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma- liger primary
Duration Don't know

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Retired laborer

Due to _____
Due to _____
Other conditions H/L
(Includes pregnancy within 3 months of death)

11. Industry or business _____
MOTHER FATHER { 12. Name John Sutherland
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Wood
15. Birthplace A (City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Anna Sutherland
(b) Address 897 N. Franklin
17. (a) Burial (b) Date thereof Mar. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nazareth
18. (a) Signature of funeral director F. C. Priems 200
(b) Address 1100 Boonville Ave
19. (a) 3/5/40 (b) Chas. A. George
(Date received local registrar) (Registrar's signature)

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 George (M. D. or other) 1
Address Springfield, Mo. Date signed _____

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

R. H. Christie

Licensed Embalmer No.

3681

P. O. Address

Springfield, 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.

X