

Registration District No. 486

Primary Registration District No. 3025

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Bronfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Edgar S. Suits 320

8. (b) If veteran, name war — 8. (c) Social Security No. —

4. Sex male 5. Color or race white 6. (a) Single, widowed, divorced, or married divorced

6. (b) Name of husband or wife Ella Suits 6. (c) Age of husband or wife, if alive 62 years

7. Birth date of deceased Mar 19 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Dillsboro Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business

12. Name Edgar Suits

18. Birthplace Dover Kansas 9
(City, town, or county) (State or foreign country)

14. Maiden name Anna Pugh

15. Birthplace Dover Kansas 11
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella Suits

(b) Address 512 Macon Bronfield Mo

17. (a) Burial (b) Date thereof Mar 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Michaels

18. (a) Signature of funeral director Wm H. Rollins
(b) Address Bronfield Mo

19. (a) March 25 40 (b) Edgar Suits M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Bronfield
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Macon
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23rd
year 1940 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3/23/40
to 3/23, 1940;
that I last saw him alive on 3/23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Stomach Duration John

Due to Atherosclerosis & Hypertension

Due to " " " 240

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4450 (Specify type of place) (e) Means of injury

28. Signature John H. Rollins (M. D. or other)
Address Bronfield Mo Date signed 3/23/40

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

1 X19511

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.

RECEIVED -
District Health Officer No. 11,
District File Number 440-471
Date Filed APR 9 1940

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 L. W. Collins
Licensed Embalmer No. 11641
P. O. Address. Brookfield, 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.