

MAY 15 1940
Registration District No. 609

Primary Registration District No. 4363

State File No. _____

Registrar's No. 58

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
706 NORTH COLLEGE ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community, 70 years years, months or days)

3. (a) PRINT FULL NAME FANNIE SUTHERLAND ³⁶⁴

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 MARRIED

6. (b) Name of husband or wife BALILEY SUTHERLAND, JR 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Nov 8 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Christian County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name JACOB CARMAN

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Jocasta

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Opheles Bennett

(b) Address Neosho Missouri

17. (a) REMOVAL (b) Date thereof Apr 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond, Missouri

18. (a) Signature of funeral director Jacob
(b) Address Neosho Missouri

19. (a) 4-18-40 (b) Orval A. Salomon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 706 North College
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1940 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from July 9, 1939, to April 18, 1940, that I last saw her alive on April 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage, right side.
Due to Chronic interstitial nephritis, hypertension,
Due to arteriosclerosis

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

Major findings:
Of operations None
Of autopsy None

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? 543
While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Orval A. Salomon (M. D. certificate) 4/18
Address Neosho, Mo. Date signed 4/18/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

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. 6,

District File Number 540-1288

Date Filed MAY 13 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.....

Marcella Williams

, Registered Apprentice No. 234

working under my personal supervision.

Signed.....

J. B. Bishop

Licensed Embalmer No. 2689

P. O. Address.....

Neosho Missouri

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.