S. No. 2
-11-10-39
5-17-39
PI X21492

3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1940

State File No. 35932

Registration District No. 611 Primary Registration District No. 5815 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton Dayton

(b) City ~~or town~~ ~~Neosho Mo. R.F.D. 1~~
(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 2 (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho Mo. R. 1.
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME EMMA REED 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 Married

6. (b) Name of husband or wife John R. Sutton

6. (c) Age of husband or wife if alive 94 years

7. Birth date of deceased Dec. (Month) 26 (Day) 1859 (Year)

8. AGE: Years 80 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Sacremento, California
(City, town, or county) (State or foreign country)

10. Usual occupation House wife 1

11. Industry or business — 0

FATHER
12. Name Reed 1
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Louisania Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Sutton Jr
(b) Address Neosho Mo. R. 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery

18. (a) Signature of funeral director B W Buzzard
(b) Address Seneca Mo.

19. (a) Oct 15-40 (Date received local registrar) (b) Merle Sparlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1940 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from
19 to 19 ;
that I last saw her ~~alive~~ dead on Oct. 12 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Senility, had been insane for several months but had not been attended by a Physician

Due to

Due to Natural Causes

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 84

Of autopsy No

Duration

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? 5 45 (e) Means of injury —

23. Signature Corley Thompson Corner (M. D. or other) 5
Address Neosho Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1140 2809
Date Filed NOV 6 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 James Weldon Buzzard; Registered Apprentice No. 239 working under my personal supervision.

Signed B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.