

Registration District No. 611

Primary Registration District No. 5815

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Newton  
 (b) City or town Neosho Mo. R.I.  
 (If outside city or town limits, write "RURAL" and name of town)  
 (c) Name of hospital or institution: Newton  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11  
 In this community 44 yrs.  
 years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Newton  
 (c) City or town Neosho Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F. # 1.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? ✓ years.

**3. (a) PRINT FULL NAME** JOHN ROLAND SUTTON J.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Emma Red Sutton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 11 1846  
 (Month) (Day) (Year)

**8. AGE:** Years 94 Months 4 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pike Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Physician 0

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name John Roland Sutton Sr. 9  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Hackerby  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 11-21-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Home Cemetery

18. (a) Signature of funeral director Bill Ziggard  
 (b) Address Seneca Mo.

19. (a) 12/4/40 (b) Merle Martin  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 19  
 year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 10, 1940, to Nov. 12, 1940;  
 that I last saw him alive on Nov. 12, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: epithelioma in roof of palate 2 yr.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Senility 45  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? 545  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. E. Maness, M.D. (M. D. or other) !  
 Address Neosho, Mo. Date signed 11-25-40

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

RECEIVED

District Health Officer No. 8;

District File Number 1240-2982

Date Filed DEC 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

James Weldon Buzzard, Registered Apprentice No. 739  
working under my personal supervision.

Signed

James W. Buzzard

Licensed Embalmer No. 2339

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.