

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**42904**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Wright Registration District No. 417  
 (b) Township Wright City Primary Registration District No. 5021 Registered No. 134  
 (c) City Wright City (d) Street No. 701 N. TOM St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 701 N. Tom St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Brenda S. Suffman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1862  
 7. AGE YEARS 78 MONTHS 5 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. None  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Mass. U.S.

FATHER 13. NAME Allen Suffman

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY)

17. INFORMANT Brenda Suffman (ADDRESS) 701 N. Tom St. City

18. BURIAL, CREMATION, OR REMOVAL PLACE Cleveland DATE Dec 13, 1940

19. FUNERAL DIRECTOR (NAME) Wright City, Wash Co (ADDRESS) Wright City, Mo

20. FILED DEC. 13, 1940 Local Registrar. Wright City, Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 to Dec 10, 1940  
 I last saw him alive on Dec 10, 1940 Death is said to have occurred on the date stated above, at 8:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
 Other contributory causes of importance: 20

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) R. M. Stromark M. D.  
 (Address) Wright City, Mo

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.

X18863

## 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 Myself,  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Well City, 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.**