

Registration District No. **403**

Primary Registration District No. **42.38**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Raytown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
58 & Blue Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 17 Years
years, months or days)

3. (a) PRINT FULL NAME Alice M. Sutton

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank M. Sutton 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. 6 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Alderney England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name John Pidgeon
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bishop
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Frank M. Sutton
(b) Address 58 & Blue Ridge, Raytown, Mo.

17. (a) Burial (b) Date thereof June 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah, N.C. Mo.

18. (a) Signature of funeral director E. Clark Boyer

(b) Address Raytown, Mo.

19. (a) _____ (b) D. M. Eubank, Mo.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Raytown
(If outside city or town limits, write "RURAL")
(d) Street No. 58 & Blue Ridge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 68 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 13 1940 to June 10 1940
that I last saw her alive on June 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration 1 week

Due to Coronary artery disease

Due to 930 Duration 35 days

Other conditions Cerebral thrombosis and cerebral arteriosclerosis

Major findings: _____
Of operations _____
Of autopsy _____

Duration
1 week
35 days
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?
365 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature John F. Caldwell (M. D. or other) JMA
Address Hannas City, Mo. Date signed 6/10/40

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

18
0
0

10-39
5-17-39
X21492

V.S. No. 2

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.....

Clark Hegert

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clark Hegert

Licensed Embalmer No.....

3983

P. O. Address.....

Raytown, 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.