

FILED MAR 19 1941

Registration District No. **77**

Primary Registration District No. **200**

Registrar's No. **12**

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

1. PLACE OF DEATH:
 (a) County Lewis
 (b) City or town Durham, R.I. (Rural)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 years years, months or days

3. (a) PRINT FULL NAME Betty Carol Sutton
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex 7 **5. Color or race** W.
6. (a) Single, widowed, married, divorced. 0
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased Aug. 26 1937
 (Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Canton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Joseph W. Sutton
13. Birthplace Salisbury, Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name Clara Crabtree
15. Birthplace Hartshorn, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Eloise Sutton
(b) Address Durham, Missouri

17. (a) Burial **(b) Date thereof** Feb. 7 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Durham Cemetery

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Missouri

19. (a) Feb. 7, 1941 **(b)** D. W. Jennings, D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lewis **56**
 (c) City or town Durham (Rural)
 (If outside city or town limits, write "RURAL") **15**
 (d) Street No. _____ (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 5
 year 1941 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb. 2nd 3 P.M. 1941 19____, to _____, 19____;
 that I last saw her alive on Feb. 2nd 3 P.M. 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
 Due to infiltration of lungs from Wilms tumor of kidney
 Due to (Congenital)
Other conditions _____
 (Include pregnancy within 3 months of death) **5 21 0**

Major findings: operated same months ago
Dr. E. Miller, Surgery, Salisburg, Mo.
Of autopsy above

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) none
(b) Date of occurrence none
(c) Where did injury occur? none
 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

23. Signature Lawrence D. (M. D. or other) **7**
Address Ewing, Mo. **Date signed** 2-6-41

RECEIVED

District Health Officer No. 10

District File Number

3-41-552
MAR 10 1941

Date Filed

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.