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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14633

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home of Daughter - 2112 Oak, Trenton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 39 yrs / years, months or days)

2. USUAL RESIDENCE OF DECEASED: 40
(a) State Missouri (b) County Grimes
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 Oak St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Annie Amelia George

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W.

6. (a) Single, widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of husband or wife Lyman George

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

7. Birth date of deceased Feb (Month) 18 (Day) 1869 (Year)

8. AGE: Years 71 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Thomas Sutton
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary E. Smith
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. B. H. Dudley
(b) Address Trenton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Iron Center

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Trenton Mo

19. (a) 1-27-41 (Date received local registrar) (b) Irene D. Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th year 1941 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 24th, 1941, to Jan 25th, 1941; that I last saw her alive on Jan 25th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	8 hours
Due to Arteriosclerosis	??
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature Oliver F. Duffy (M. D. or other) M D
Address Trenton, Mo Date signed Jan 27th 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond B Davis, Registered Apprentice No. 212 working under my personal supervision.

Signed Raymond B Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.