

AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24628

Registration District No.

89

Primary Registration District No.

3007

Registrar's No.

295

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks 0
 (Specify whether
 In this community Life time
 years, months or days)

3. (a) PRINT FULL NAME Celia A. Sutherland3. (b) If veteran,
name war3. (c) Social Security
No. none4. Sex female5. Color or
race white6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife Wade
Sutherland6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased April 3, 1876
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

65322

hr. _____ min.

9. Birthplace Indiana

(City, town, or county)

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

self12. Name George Barris

13. Birthplace

Indiana

(City, town, or county)

(State or foreign country)

14. Maiden name

Frances Smith

15. Birthplace

Indiana

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Ida Sepeth Sutherland(b) Address Poplar Bluff, Missouri17. (a) Burial(b) Date thereof July 27, 1941

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Rombauer Cemetery18. (a) Signature of funeral director Greer-Croy Funeral Serv.(b) Address Poplar Bluff, Missouri19. (a) 7/27/41

(b)

Kate Lutz

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 012
 (c) City or town Rombauer
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
 year 1941 hour 6:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from
6-25, 1941, to 7-25, 1941;
 that I last saw her alive on 7-25, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Duration

Due to

Arteriosclerosis

Due to

Other conditions

Stokes-Adams syndrome

(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
 (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?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature C. Porter(M. D. or other) 0Address Poplar Bluff, MoDate signed 7-26

RECEIVED

District Health Officer

District File Number 8-11-

Labo Filed 8-6-41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.

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(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community Life Time 2 weeks!
years, months & days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Combsauer
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Celia A Sutherland
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) 9-15-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

