

FILED FEB 10 1942
Registration District No. _____

Primary Registration District No. 3003

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

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
911 4th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 911 4th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William Henry Suttles
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 2 minute _____ M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Suttles 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Dec. 18, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18 1941 to Jan 23 1942
that I last saw him alive on Jan 23 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 1 5 _____hr. _____min.

Immediate cause of death Organic heart disease - mitral insuff Duration 16 yrs
entirely

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

Due to _____
Due to _____

10. Usual occupation Retired Laborer

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____
Of operations None

12. Name James Suttles

Of autopsies None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

14. Maiden name Elizabeth Long

15. Birthplace Near Verona, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Iva Suttles

(b) Address 911 4th. St., Monett, Mo.

17. (a) Burial (b) Date thereof 1-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring River Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) Jan 24 - 1942 (b) Mrs. Geo. Harman
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature T. E. Hastings (M., D., or Other) Dr.
Address Monett Mo Date signed 1/24/42

RECEIVED

District Health Officer No. 6,

District File Number 242-174

Date Filed FEB 7 1942

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.....

J. D. Buchanan

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

working under my personal supervision.

Signed.....

J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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, fact should be so stated above.