

Dept. of Com.  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14864  
Registrar's No. 40

Registration District No. 388 Primary Registration District No. 4309

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

1. PLACE OF DEATH  
(a) County Livingston  
(b) City or town Chula  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community 4 years (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME MARY FRANCIS SUTTON  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex M / 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Jesse M. Sutton  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Sept. 14 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business  
12. Name James H. Miller  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Catherine E. Cowles  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Ora Roberts  
(b) Address Chula Mo

17. (a) Burial (b) Date thereof Mar. 31, 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Plainville

18. (a) Signature of funeral director E. J. Robertson  
(b) Address Harold Mo.

19. (a) MARCH 30 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

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

20. DATE OF DEATH: Month 3 day 29 year 1942 hour 2:00 minute A. M.  
21. I hereby certify that I attended the deceased from March 24 1942 to March 24 1942 that I last saw her alive on March 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Duration 5 days

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
107

PHYSICIAN  
Major findings: Of operations  
Of autopsy  
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?  
While at work? (Specify type of place) Means of injury  
23. Signature D. N. M. C. (M. D. or other) Chula Mo Date signed 3-20-42

MAY 19 1942

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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 E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Faldo, Md.

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.