No. 2
9-4-41
5-17-39
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20453

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2498

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nora L. Clark Convalescent Home 4 2843 Troost Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WK. (Specify whether
In this community 55 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2620 East 8th Street 8
(If rural, give location)

(e) Citizen of foreign country? None 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Maria Josephine Sutherland

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife Mr. Thomas Sutherland

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

7. Birth date of deceased December 23 (Month) (Day) 1857 (Year)

8. AGE: Years 84 Months 6 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Anderson County (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Richard Robinson
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Massey Sutton
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant James R. Sutherland
(b) Address 2620 E. 8 st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-30-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour 4 minute 27 P.M.

21. I hereby certify that I attended the deceased from April 9, 1942 to June 28, 1942 that I last saw her alive on June 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Aortitis — Duration 1 year

Due to Fracture Surgical Neck Right Femur and Collies

Due to Right Wrist

Other conditions Aged and Emaciated
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 186a
14
Of autopsy None 1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence Fractured Hip - April 9, 1942

(c) Where did injury occur? At home - K.C. (City or town) Jackson (County) - Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes - at home (Specify type of place)

While at work? Retired (e) Means of injury Fall

23. Signature Eugene Cartaway (M.D. or other)

Address Bryant Bldg. Date signed 6-29-42

361 (Licensed Embalmer's Statement on Reverse Side)

Dr Eugene Calhoun
Bryant Bldg
256

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 Emile Sy. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo

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

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