

FILED MAR 15 1943

Registration District No. 149

Primary Registration District No. 1002

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:
Conley Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Independence, 7
(If outside city or town limits, write "RURAL")
(d) Street No. 808 West 31st Street 4
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME William B. Sutton

3. (b) If veteran, name war no. (c) Social Security No. 702-12-3337

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene M. Sutton 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 18 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 7 9 hr. min.

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

10. Usual occupation Engine Foreman

11. Industry or business X

12. Name Benjamin I. Sutton,
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Martha Wolverton,
15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene M. Sutton,
(b) Address 808 W. 31st, Independence, Mo.

17. (a) Burial (b) Date thereof 3-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-2-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
year 1943 hour 11:28 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 23 1943, to Feb 27 1943;
that I last saw him alive on Feb. 29 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to RT. Myocardial Degeneration
Due to Ch. Comp. 12/21

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cholecystitis due to adhesions
Of autopsy

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

23. Signature A. D. McQually (M. D. or other) M.D.
Address 500 Belmont Bldg., K.C., Mo. Date signed 3-1-43

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

MOTHER, FATHER

Dr. H. J. McNally

Bryant-Bledg
No. 3770

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. M. Plank
Licensed Embalmer No. 1848
P. O. Address K. C. 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.