S. No. 2
M—5-42
5-17-39
1 X35573

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17295

State File No.

FILED JUN 10 1943

Registration District No.

Primary Registration District No. 5031

Registrar's No. 15

1. PLACE OF DEATH:

(a) County AUDRAIN

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

(c) Name of hospital or institution: 2 mi South of FARBER
(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) 8 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town ~~Farber~~ - RURAL QUIVRE
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi South of FARBER
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IRA JEFFERSON DAVIS SUTTON

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife [illegible] DAVIS

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

7. Birth date of deceased NOVEMBER (Month) 19 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	6	10	..... hr. ..... min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name JEFFERSON DAVIS SUTTON
13. Birthplace CURRYVILL (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name MARY MATILDA SUTTON
15. Birthplace FARBER (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Ethel Sutton
(b) Address Vandalia, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 31 (Day), 1943 (Year)
(c) Place: burial or cremation FARBER CEMETERY

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia Mo

19. (a) May 31 1943 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Cornerer~~ Jury Verdict
The deceased came to his death by accidental burning of his
Due to residence from causes unknown either by the explosion of an oil
Due to stove or fire starting from some other source -
Other conditions Certified by Ey Burton Coroner
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

18 15

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) accident

(b) Date of occurrence 5/29/43

(c) Where did injury occur? Quivre twp (City or town) Audrain (County) Mo (State)

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

While at work? ..... (e) Means of injury .....

23. Signature Ey Burton, Coroner (M. D. or other)
Address Mexico Mo Date signed 5/30/43

1073 (Licensed Embalmer's Statement on Reverse Side)

JUN 17 1943

JUN 18 1943

RECEIVED
District Health Officer No. 10
District File Number 6-43-995
Date Filed JUN 8 1943

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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Vandalia 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.