S. No. 2
M—2-43
5-17-39
1 X35697

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

State File No. 41316

FILED DEC 22 1943

Registration District No. 709 — Primary Registration District No. 1002 — Registrar's No. 4993

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: 5647 PASEO 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether years, months or days)

In this community: 41 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON 48 3

(c) City or town: KANSAS CITY 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 5647 PASEO
(If rural, give location)

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

If yes, name country: ----

3. (a) PRINT FULL NAME: MR WILLIAM V. V. SUTTON

3. (b) If veteran, name war: No

3. (c) Social Security No. 493-12-2512

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: MRS. JOSEPHINE D. SUTTON

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

7. Birth date of deceased: OCTOBER (Month) 28 (Day) 1870 (Year)

8. AGE: Years 73 | Months 0 | Days ~~26~~ 25 | If less than one day ____ hr. ____ min.

9. Birthplace: ATCHISON COUNTY (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation: CUSTODIAN

11. Industry or business: LUZIER, INCORPORATED

FATHER
12. Name: PETER D. SUTTON
13. Birthplace: NEW YORK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARY ALAN
15. Birthplace: INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. EDITH COBURN

(b) Address: 5647 PASEO

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: NOV-26-1943 (Month) (Day) (Year)

(c) Place: ~~burial or~~ cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director: D. W. Newcomer's Sons

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 11-26-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 23RD year 1943 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 11/11/43, 1943 to NOV 23, 1943 that I last saw him alive on 11/22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage fluida — Duration

Due to: ____

Due to: 83a

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of autopsy: ____

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: H. C. Triplett (M. D. or other) M.D.

Address: 1022 Argyle Date signed: 11/24/43

(Licensed Embalmer's Statement on Reverse Side)

1022 Wright Bldg
12-5

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 N C Newcomer Jr

Licensed Embalmer No. 4047

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.