

FILED MAY 11 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 371

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
1338 Frederick Ave.
(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 25 years,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL.")

(d) Street No. 1338 Frederick Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLINTON ELLSWORTH SUDDUTH

3. (b) If veteran, name war Unknown,

3. (c) Social Security No. 491-09-5099

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 17, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>24</u>	hr. min.

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

10. Usual occupation painter

11. Industry or business Ray Adams Wallpaper & Paint

MOTHER FATHER

12. Name Unknown,

13. Birthplace Unknown,
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,

15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ray Adams

(b) Address 1338 Frederick Ave.

17. (a) burial (b) Date thereof 4/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director W. B. ...

(b) Address 319 South 10th

19. (a) 4/11/44 (b) Asa Hegony
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1944 hour 8 minute 0 M.

21. I hereby certify that I viewed the deceased from on April 11th 1944 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 Chronic Gastric Ulcers Duration 5 yrs

Due to Acute gastric ulcer perforation Duration 1 day

Due to man died suddenly while alone in life

Other conditions: while alone in life
(Include pregnancy within 3 months of death)

Major findings: Chronic gastric ulcers PHYSICIAN _____

Of operations _____

Of autopsy no 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)

(2) Means of injury _____

23. Signature H. F. Munday (D. or other) _____
Address 404 So 3d St Date signed 4/14/44

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

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 _____

Licensed Embalmer No. 1710

P. O. Address Joseph M.

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.