

FOILED APR 28 1944

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County: **GREENE**  
(b) City or town: **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St Johns Hospital**  
(If 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo.** County: **Greene 37**  
(c) City or town: **Fair Grove**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **R.F.D. #1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**  
year **1944** hour **7** minute **15 A.**  
21. I hereby certify that I attended the deceased from **4-6** 19 **44** to **4-7** 19 **44**  
that I last saw him alive on **4-6-44** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**  
Due to: **Arterio Sclerosis**

Duration

**24hrs.**

**1-2 years**

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?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature: **Max Sitch** (M. D. or other) **MD.**  
Address: **Springfield Mo.** Date signed: **4-10-44**

3. (a) PRINT FULL NAME: **FRA FLOY SUTHERLAND**

3. (b) If veteran, name war: **WORLD WAR #1** 3. (c) Social Security No.: **NONE**

4. Sex: **MALE** 5. Color or race: **WHITE** 6. (a) Single, widowed, married, divorced: **MARRIED**

6. (b) Name of husband or wife: **GLADYS SUTHERLAND** 6. (c) Age of husband or wife if alive: **57** years

7. Birth date of deceased: **April 22, 1893**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **11** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **unk. Mo. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farming**

11. Industry or business: **Farming**

MOTHER FATHER { 12. Name: **Herbert Sutherland**  
13. Birthplace: **unk. N. YORK**  
(City, town, or county) (State or foreign country)  
14. Maiden name: **John Peter**  
15. Birthplace: **unk. Ill**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Gladys Sutherland**

(b) Address: **Fair Grove Mo. R#1**

17. (a) **Burial** (b) Date thereof: **April 11-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Basaville (bur.)**

18. (a) Signature of funeral director: **J. W. Hingner & Co.**

(b) Address: **Springfield Mo.**

19. (a) **4-11-44** (b) **W. S. Haidley**  
(Date received local registrar) (Registrar's signature)

MAY 2 1944

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.

MAY 10 1944

Signed *Roy A. Bacon*

Licensed Embalmer No. *1763*

P. O. Address *Springfield, 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.

X