

FILED MAY 9 1944
Registration District No. **10474**

Primary Registration District No. **4235**

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

1. PLACE OF DEATH:

(a) County **Iron**

(b) City or town **Annapolis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME **Joseph Henry Sutton**

3. (b) If veteran, name war **no**

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 **Alice Jane Sutton** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **Feb. 20 1852**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92 1 13 hr. _____ min.

9. Birthplace **Iron County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer retired**

11. Industry or business

12. Name **Joseph Sutton**

13. Birthplace **unknown** 9 (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** 9 (City, town, or county) (State or foreign country)

16. (a) Informant **Bert Sutton**

(b) Address **Annapolis Mo.**

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

(c) Place: burial or cremation **Arcadia Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Annapolis Mo.**

19. (a) **April 13, 1944** (b) **Mrs. Francis C. Howard**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron** **47**

(c) City or town **Annapolis**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

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

If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**
year **1944** hour **1** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **March 1, 1944** to **April 3, 1944**
that I last saw him alive on **April 3, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Suppurative infection of the lungs**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **33a**

Major findings: Of operations **33a**

Of autopsy _____

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 **0**

23. Signature **C. P. James, M.D.** (M. D. or other)

Address **Professional Building** Date signed **4-11-44**

Duration **30 days**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 544-3759
Date Filed 5-8-44

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Lucy White.....

Licensed Embalmer No. 3012.....

P. O. Address San Antonio, Tex......

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.