

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

FILED MAY 31 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5023

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Rock Port mo
(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)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State mo

(b) County Atchison

(c) City or town Rock Port
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mrs. SARAH B. SUTTON McMAHAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 3 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>11</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business teacher

12. Name John Grant Sutton

13. Birthplace Platte County, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Ann Robinson

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

16. (a) Informant John McMillan

(b) Address Rock Port, Mo

17. (a) burial (b) Date thereof Feb 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenhill Cemetery

18. (a) Signature of funeral director Raymond J. ...

(b) Address Rock Port, Mo

19. (a) Feb 17 1944 (b) Mr. Hubert ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1944 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 12 to Feb 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to _____

Due to 30'

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

23. Signature Chas J. ...
(Specify type of place) (Specify degree of injury)

Address Rock Port, Mo Date signed 2-10-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

1335

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

Frost A. Browning

Licensed Embalmer No.

3338

P. O. Address

Jarlin, Mo.

***Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.