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. 210263

Registration District No. FILED JUL 14 1944 Primary Registration District No. 5096 Registrar's No. 43

1. PLACE OF DEATH
(a) County Bates
(b) City or town Rural Mt Pleasant Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Mt. Pleasant Twp. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ethel Sutton Wright.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Walter Reece Wright
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased January 10 1891 (Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Clinton (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Johnson P Sutton
13. Birthplace Near Ada (City, town, or county) Ohio 1 (State or foreign country)
MOTHER 14. Maiden name Rachel E Newlin
15. Birthplace De Witt (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant Walter Wright
(b) Address Butler Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Culver's
(b) Address Butler Mo.
19. (a) 6-7-44 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1944 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from found dead, 19, to, 19; that I last saw b alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Cerebral Hemmorage
Due to
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 John G Underwood Coroner (M. D. or other)
Address Butler Mo Date signed 6-7-44

1506 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-44-838
Date Filed 7-12-44

SEP 18 1957

## 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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler, Mo

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

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