

WED JUL 5 1945  
Registration District No. 329

Primary Registration District No. 4538

Registrar's No. 9

1. PLACE OF DEATH: Wayne

(a) County Wayne

(b) City or town Piedmont  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sanford Earl Sutton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1945 hour 3:10 minute \_\_\_\_\_ A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 20 1908  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15, 1945, to May 29, 1945  
that I last saw him alive on May 29, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 0 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cirrhosis of Liver Duration 3 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Mechanic

Other conditions Hypertrophy of heart  
(Include pregnancy within 7 months of death)

MOTHER FATHER { 11. Industry or business Charles Sutton

12. Name Charles Sutton

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

14. Maiden name Malissie Pirele

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 124k

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Sutton

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof May 31, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Norman W. Pugh

(b) Address Piedmont Mo.

19. (a) June 6, 1945 (b) Mrs. Lottie Mannis  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Piedmont Mo. Date signed 6-7-45

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

1103

RECEIVED

District Health Officer No. 4  
District File Number 745-764  
Date Filed 7-3-45

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 me  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Norman W. Fish  
Licensed Embalmer No. 3387  
P. O. Address Guilford 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.