

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36912**
Registrar's No. **98**

FILED Dec 12 1945
Registration District No. _____

Primary Registration District No. **5286**

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

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Wyaconda *Ip Rural*
(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 MO (b) County Clark
(c) City or town Wyaconda *MO*
(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

Orson Suter

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-10-5708

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amelia Suter 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 27 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 25 hr. min.

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

10. Usual occupation Employee of Stanoland Oil

11. Industry or business _____

MOTHER FATHER { 12. Name James Suter
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dora McNeeley
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Suter
(b) Address Wyaconda, Mo

17. (a) Burial (b) Date thereof Nov 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wyaconda cemetery

18. (a) Signature of funeral director Gerth Horked

(b) Address Wyaconda, Mo

19. (a) 11-30-45 (b) J.B. Bridger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 22 day 22nd
year 1945 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 1
1944 to Nov 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Stomach (Underline)
Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury 2

23. Signature B. F. Hutcheson
Address Wyaconda, Mo Date 11/30/45

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1817

P. O. Address Wyeondu, m

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.