

No. 2
3-43
5-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37768**

FILED NOV 28 1945

Registration District No. **383**

Primary Registration District No. **56-5-53037**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mr Vernon Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **all his life** (Specify whether)
In this community **all his life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence 55**
(c) City or town **Mr Vernon Mo No 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

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

3. (b) If veteran, name war **X**
3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **2 Widowed**

6. (b) Name of husband or wife **Miller**
6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased **July 30 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 **8** **16** hr. min.

9. Birthplace **Mr Vernon Mo Rural 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retail Farmer**

11. Industry or business

12. Name **William Sutton**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Williams**

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

16. (a) Informant **G Sutton**
(b) Address **Mr Vernon Mo**

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

(c) Place: burial or cremation **Williams Cemetery**

18. (a) Signature of funeral director **Geo S O W**
(b) Address **Mr Vernon Mo**
19. (a) **107207 45** (b) **Ch Helbird**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **16**
year **1945** hour **2:50** minute **a** M.

21. I hereby certify that I attended the deceased from **Mar 1944** to **Oct 15 1945**
that I last saw him alive on **Oct 15 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure.**
Due to

Due to
Other conditions **Ch hypertrophic Prostate**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **1370**

Duration
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) Means of injury

23. Signature **Burton Glover** (M. D. or other)
Address **Mr Vernon Mo** Date signed **10/17/45**

1464

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

5
200

RECEIVED

District Health Officer No. 6

District File Number

1145-1128

Date Filed

NOV 17 1945

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.....

Geo. B. Over

Licensed Embalmer No.....

946

P. O. Address.....

Port Vernon 7 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.