

FILED JAN 29 1946

Registration District No. 5

Primary Registration District No. 5783

State File No. _____

Registrar's No. 38

1. PLACE OF DEATH,

(a) County CAPE GIRARDEAU
(b) City or town BURFORDSVILLE Mo. R-1 Dist
(If outside city or town limits, write "RURAL" and name of township)
Rural (Hindusville) 1st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1.6 yrs.
years, months or days

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN SUTTON

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 5 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business RETIRED

12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN 9

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

16. (a) Informant Mrs. Russell Baggett Jr.

(b) Address 1425 Wilson St. Cape Girardeau, Mo.

17. (a) BURIAL (b) Date thereof Nov 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOLLINGER Co. Mo.

18. (a) Signature of funeral director HACKNEY FUNERAL HOME

(b) Address CAPE GIRARDEAU, Mo.

19. (a) 12-12-45 (b) D. G. Suber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town BURFORDSVILLE Mo. R-1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1945 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from 11-19-1945 to 11-24-1945
that I last saw him alive on 11-19-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to ① Arteriosclerotic heart disease and
② probable coronary infarction.

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 William Cates (M. D. or other) MD

Address Paris, Mo. Date signed 11-28-45

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

16
8
6

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 146-1536
Date Filed 1-8-46

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

Paul Mackay

Licensed Embalmer No. 3598

P. O. Address Cape Girardeau, 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.