S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3862

FILED JAN 21 1946

Registration District No. 314 6066###

Primary Registration District No. 6066

Registrar's No.

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

100829

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Roscoe (Rural) [illegible]
(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 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 93

(c) City or town Roscoe (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Susan M. Sutton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex White

5. Color or race White

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

6. (b) Name of husband or wife John M. Sutton

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased December 3 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Winamack Indiana 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Wiley 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Wiley 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Sutton
(b) Address Roscoe Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-45
(Month) (Day) (Year)
(c) Place: burial or cremation Roscoe Cemetery

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Missouri

19. (a) 12-1-45 (Date received local registrar) (b) Ruth Seeger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-8, 1944, to 11-3, 1945;
that I last saw her alive on 10-28-45, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch. Myocarditis with T. exoffusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 T. H. Douglas, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 11-3-45

(Licensed Embalmer's Statement on Reverse Side)

RE[illegible]

12-45-1373

Date Filed 1-16-46

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 [illegible]

Licensed Embalmer No. 3038

P. O. Address Oneola 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.