

7. S. No. 2
FORM-8-43
ev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4504

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1500 County Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Four years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 500 County Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Andrew R. Suttles
3. (b) If veteran, name war None
3. (c) Social Security No. cedage

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 16
year 1946 hour 3 minute 35 A. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella Suttles
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased October 10 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 7 to January 16, 1946
that I last saw him alive on January 6, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 3 6 hr. 4 min.

Immediate cause of death Senile Dementia
Due to _____
Due to _____

9. Birthplace Jenkins Barry Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farming (Retired)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business Farming
12. Name Thomas Suttles
13. Birthplace _____
14. Maiden name Elizabeth McKinney
15. Birthplace _____

PHYSICIAN
Underline the cause to which death should be charged statistically.
162X

16. (a) Informant Eschol Suttles
(b) Address Flint Michigan
17. (a) Burial (b) Date thereof Jan 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Legum Barry Co. Mo

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 Callaway's
(b) Address Monett Mo
19. (a) 1-18-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Monett Mo Date signed 1-17-46

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

RECEIVED

District Health Officer No. 6;

District File Number 146-161

Date Filed FEB 26 1946

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.....

J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address.....

Monett 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.