

No. 2
-2.43
5-17-39
I X35697

FILED MAR 12 1946

Registration District No. 157

Primary Registration District No. 3228

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

In this community 2 1/2 years

3. (a) PRINT FULL NAME George R Sutter

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife Gula Breninger Sutter

(c) Age of husband or wife if alive 33 years

7. Birth date of deceased February 23 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>29</u>	hr. min.

9. Birthplace Butler County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business

12. Name Samuel George Sutter

13. Birthplace unknown Penn 1
(City, town, or county) (State or foreign country)

14. Maiden name Argentine Hunter

15. Birthplace unknown Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant JC (Mum) Sutter

(b) Address Diamond Missouri

17. (a) Primal (b) Date thereof February 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Cemetery Kansas

18. (a) Signature of funeral director The Highen Mortuary

(b) Address Beeshop Missouri

19. (a) 2-23-46 (b) 2-13-1946
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

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

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

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd
year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 21 1946 to Feb 22 1946
that I last saw him alive on Feb 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to Hypertension

Other conditions: 12/11
(Include pregnancy within 3 months of death)

Major findings: 12/11
Of operations
Of autopsy

Duration

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? Primal (City or town) Newton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Primal (Specify type of place) (e) Manner of injury 0

23. Signature P. A. Atwater (M. D. or other) 0
Address Carthage Mo Date signed Feb 23

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

5132

NC-2-181

W. H. ...

MAR 19 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 *Harren K. Samrah*

Licensed Embalmer No. *4400*

P. O. Address *Neosho, 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.