

Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 67

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town rural pendleton  
(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 40 years..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town rural  
(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.....

3. (a) PRINT FULL NAME John Louis Sutton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17  
year 1946 hour 2 minute 30 a. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Jan. 29 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 15 1946 to Feb 17 1946  
that I last saw him alive on Feb 15 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 19  
hr. min.

Immediate cause of death..... Duration  
Pulmonary Tuberculosis 30 yrs.

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

10. Usual occupation miner

Due to.....  
Due to.....  
Other conditions..... (include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....

12. Name William Sutton

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

14. Maiden name Aggie Sutton

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

Major findings:  
Of operations.....  
Of autopsy.....

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

16. (a) Informant Mattie Crawford

(b) Address Elvins rt 1

17. (a) b (b) Date thereof 2-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run (Masonic)

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) Feb 18, 1946 (b) Ether Rudloff  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury.....

23. Signature Geo. T. Watkins (M. D. or other) 0  
Address Farmington Mo Date signed 2-18-46

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

74  
60

RECEIVED

District Health Officer No. 4  
District File Number 346-1829  
Date Filed 3-9-46

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.....

Licensed Embalmer No. 4084

P. O. Address Farmington, Me.

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.