

No. 2-43
-17-39
X35897

FILED AUG 28 1946

Registration District No. 10

Primary Registration District No. 3001

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County AUDRAIN
 (b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
102 N. JEFFERSON 1
(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 35 YEARS

3. (a) PRINT FULL NAME SOPHRONIA SUTTON
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 494-07-5187

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LONE SUTTON
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased FEB 15 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

11. Industry or business _____
 12. Name JAMES GLETON
 13. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH BLAND
 15. Birthplace PIKE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant LONE SUTTON
 (b) Address VANDALIA, Mo.

17. (a) BURIAL (b) Date thereof Aug 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director Glen B Smith
 (b) Address Vandalia Mo.
 19. (a) Aug 21 1946 (b) Mallie Fugue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County AUDRAIN 4
 (c) City or town VANDALIA 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 102 N. JEFFERSON 1
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
 year 1946 hour 1 minute 16 p.m.
 21. I hereby certify that I attended the deceased from Aug 18 1946 to Aug 18 1946
 that I last saw her alive on Aug 18 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Embolism
 Due to Thrombus - Arterial

Due to _____
 Other conditions Fracture of left hip
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, state 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) (e) Means of injury _____

23. Signature R. H. Marshall (M.D. or other) D.O.
 Address Vandalia Mo. Date signed _____

Duration 1 day
 Physician _____
 Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION

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

MOTHER FATHER

92/146

RECEIVED
District Health Officer No. 10
District File Number 8-46-1623
Date Filed -- AUG 27 1945

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, per

....., Registered Apprentice No.
working under my personal supervision.

Signed Clyde L. Wilkey.

Licensed Embalmer No. 3820

P. O. Address Perry, 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.

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Jandalia
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Sophronia Sutton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 11 (Month) (Day) (Year)
8. AGE: Years 67 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____
Of autopsy _____ 186A

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) accidental
(b) Date of occurrence July 10 1946
(c) Where did injury occur? Walden's Custom Shop (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
While at work? _____ (Specify type of place) (e) Means of injury fall
23. Signature R. R. Marshall (M.D. or other) Dr.
Address Candalia Mo Date signed Sept 11

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

SUPPLEMENTARY

MOTHER FATHER

26/84