

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 170

Primary Registration District No. 3093

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon
(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 entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

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

(d) Street No. 617 N. Washington
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Carolina Sutton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th
year 1946 hour 5 minute 20 A.M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Frank Benjamin Sutton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-13 1945 to 11-4 1946
that I last saw her alive on 10-28 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days 20
If less than one day hr. _____ min. _____

Immediate cause of death Ca Left Breast

Duration (?)

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

Due to _____

Due to _____

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

10. Usual occupation Housewife

Major findings: 50

Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Fred Saltwell _____

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

14. Maiden name Josephina Summers

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

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)

(e) Means of injury _____

23. Signature B. E. Harrell (M. D. or other) MD
Address Lebanon Mo Date signed 11-8-46

16. (a) Informant Mrs. Christina Weaver

(b) Address Lebanon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Holman Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon Mo.

19. (a) Nov 15, 1946 (Date received local registrar) (b) Ors Frankberger (Registrar's signature)

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

MOTHER FATHER

Received 11/20/46
Laclede County Health Unit
File No. 11-46-162
Date Filed 11/20/46

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon 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.