

FILED APR 23 1947  
Registration District No. 13

State File No. \_\_\_\_\_

Primary Registration District No. 5071

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Rural - Nashville Twsp.  
(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 60 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #1, Liberal  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1947 hour About 11 minute 00 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME WILLIAM ALBERT SUITER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Minnie Suiter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 23 1886  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Vernon County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William E. Suiter

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

14. Maiden name Eunice B. Stillwaugh

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

16. (a) Informant Wilbur T. Suiter

(b) Address Liberal, Missouri, R1

17. (a) Burial (b) Date thereof April 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakton Cemetary

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) APR 2 - 1947 (b) Marie Konantz  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Was found at 7:30 P.M. by roller towel April 1st hanging on kitchen door - probably been dead since Due to about 11 o'clock mch. 31 -

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(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? U  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature E. E. Duckett (M. D. or other) M.D.  
Address Lamar Mo. Date signed April 1

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

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

RECEIVED

District Health Officer No. 6,

District File Number 447-475

Date Filed APR 22 1947

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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

*Carl H. Cavender*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

**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.**