V. S. No. 2
30M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26905

FILED AUG 16 1947

Registration District No. ..... Primary Registration District No. 1000 Registrar's No. 934

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 17 yrs

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo. (b) County: Andrew
(c) City or town: Savannah - rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. #3, ~~St Joseph, Mo.~~
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charla D. Suttle
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: married
6. (b) Name of husband or wife: Mrs Murrell Suttle
6. (c) Age of ~~husband~~ or wife if alive: 56 years
7. Birth date of deceased: Nov. (Month) 28 (Day) - 1885 (Year)
8. AGE: Years 61 Months 8 Days 9 If less than one day ..... hr. ..... min.
9. Birthplace: Burlington Junction, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Operator of street station
11. Industry or business:
FATHER
12. Name: Calhill Suttle
13. Birthplace: Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Catherine Bowman
15. Birthplace: Burlington Junction, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Murrell Suttle
(b) Address: St. Joseph, Mo. Route #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 9-'47 (Month Day Year)
(c) Place: burial or cremation: Memorial Park Cem.
18. (a) Signature of funeral director: Morris Atkinson
(b) Address: Savannah, Mo.
19. (a) 8-8-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 7 year: 1947 hour: 1:0 minute: 05 A.M.
21. I hereby certify that I attended the deceased from May 25, 1947 to August 6, 1947 that I last saw him alive on August 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration
Due to: Essential Hypertension
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations: 93 D
Of autopsy:

Duration

PHYSICIAN
Underline the cause of 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? (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)
While at work? (e) Means of injury
23. Signature: E. E. Maxwell (M. D. or other) D.O.
Address: 307 So. Main, Savannah, Mo. Date signed: 8/8/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville 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.