

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40751

State File No.

FILED DEC 15 1947

Registration District No. 374

Primary Registration District No. 6273

Registrar's No. 757

1. PLACE OF DEATH:

Worth  
(a) County  
(b) City or town Rural-Smith township  
(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 9 months (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME Phorman A. Sutherland

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  
(b) Name of husband or wife Mrs. Susie Sutherland 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased January 20 1884 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Smith County Kansas (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Jonethen Heerst Sutherland

13. Birthplace unknown

14. Maiden name Bernella Jane Marshall

15. Birthplace unknown

16. (a) Informant Mrs. Susie Sutherland

(b) Address Grant City Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Redding, Iowa Cemetery

18. (a) Signature of funeral director Jack C. Dunfee

(b) Address Grant City, Mo. (c) Date received local registrar Dec 6 1947 (d) Registrar's signature Letta E. Dawson

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113  
(c) City or town Grant City, -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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 4th day 30 year 1947 hour Seven minute 4 M.

21. I hereby certify that I attended the deceased from August 5 1947 to November 4th 1947, that I last saw him alive on 1947, and that death occurred on the date and hour stated above. Hemorage  
Immediate cause of death

Due to Carcinoma Of Lungs I Yr

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration minutes

PHYSICIAN

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)  
(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) (c) Means of injury

23. Signature D. L. Sullertous M.D. (d) D. or other

Address Redding Iowa Date signed 12/6/47

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

*Arch C. Dumble*

Licensed Embalmer No.....

3252

P. O. Address.....

*Grant City, 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.**