

No. 2
-12.45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42778**
Registrar's No. **398**

FILED DEC 16 1947

Registration District No. **316**

Primary Registration District No. **3061**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Flat River, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
217 Crane St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds 90**
(c) City or town **Corridon**
(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 _____

3. (a) PRINT FULL NAME **Mr. Benjamin Franklin Sutterfield.**

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 **Belle Frances Sutterfield** 6. (c) Age of husband or wife if **77** years
7. Birth date of deceased **May 23 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 28 hr. min.

9. Birthplace **Reynolds Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER
12. Name **Mr. Alle L. Sutterfield**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Mabel Davis**
15. Birthplace **Reynolds Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M.E. Patterson (daughter)**
(b) Address **217 Crane St.**

17. (a) **Burial** (b) Date thereof **Nov. 23 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Boke-Somden, Mo.**

18. (a) Signature of funeral director **Alvin W. Hood**
(b) Address **203 Crane St. Flat River, Mo.**

19. (a) **12-9-47** (b) **Esther Reddick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **21**
year **1947** hour _____ minute **6:30 AM.**
21. I hereby certify that I attended the deceased from **Nov 14**
1947, to **Nov 21** 1947.
that I last saw him alive on **Nov 20** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Chc myelocarditis** Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(a) Accidental, 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 **C. H. Appleberry** (M. D. or other) **MD**
Address **Flat River MO** Date signed **11-23-47**

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

RECEIVED

District Health Officer No. 4
District File Number 1247-155
Date Filed 12-15-47

JAN 2 1948

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crum St. Flat (Pine)

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.