No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1948

Registration District No. 333

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 11203

Registrar's No. 38

**1. PLACE OF DEATH:**
(a) County: Scott
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (1) (Specify whether
In this community: Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: New Madrid 72 0 0
(c) City or town: Matthews
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: ELLA SUTTON
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marcus H.
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: Dec 24 1870 (Month) (Day) (Year)

8. AGE: Years: 77 Months: 2 Days: 4 If less than one day: hr. min.

9. Birthplace: Greenville (City, town, or county) Mo (State or foreign country)
10. Usual occupation:
11. Industry or business: at home
MOTHER FATHER
12. Name: Ben Green
13. Birthplace: Greenville (City, town, or county) Mo (State or foreign country)
14. Maiden name: Julia Dees
15. Birthplace: Greenville (City, town, or county) Mo (State or foreign country)
16. (a) Informant: M. H. Sutton
(b) Address: Matthews
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston Mo
18. (a) Signature of funeral director: Welch Funeral Home
(b) Address: Sikeston Mo
19. (a) 3-13-48 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Feb day: 28 year: 1948 hour: 4 minute: 30 A. M.
21. I hereby certify that I attended the deceased from: 1 Feb-48, 19..., to: 27th Feb 48, 19...; that I last saw h. alive on: 27th Feb 48, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Sepsis Myocarditis | ? |
| Due to: | |
| Due to: Auricular fibrillation | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: NP | |
| Of autopsy: NS | |

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Chester Morris (M. D. or other)
Address: Sikeston Date signed: 28 Feb

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 3 48 - 351
Date Filed 3-15-48

**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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**