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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1948

Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5449

State File No. 12125

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Gentry — Jackson Twp

(b) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 38

(c) City or town King City Mo.R.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Twp.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Arie Elizabeth Sutterlin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Cau

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 22 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	0	19	hr. min.

9. Birthplace King City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Same

FATHER
12. Name Calvin Gouch
13. Birthplace (City, town, or county) N.C. 1 (State or foreign country)

MOTHER
14. Maiden name Mary King.
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Arthur Sutterlin
(b) Address King City Mo.R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4.14.1948 (Month) (Day) (Year)
(c) Place: burial or cremation York Cem King City Mo.

18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo.

19. April 22-48 (Date received local registrar) (b) Homer N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 11 year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 12, 1947, to 4/11, 1948; that I last saw her alive on 4/9/48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Liver	
Due to Cancer of breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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) 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 0

23. Signature L. E. Blackrock (M. D. ~~or other~~)

Address King City Mo Date signed 4-14-48

(Licensed Embalmer's Statement on Reverse Side)

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King 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.