

National Office of Vital Statistics
FILED JUN 23 1948Registration District **365**Primary Registration District No. **4534**Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Washington**
 (b) City or town **Caledonia**
 (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 **33 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Grace Alma Sutherland**3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**6. (b) Name of husband or wife **Charles C. Sutherland** 6. (c) Age of husband or wife if alive **82** years7. Birth date of deceased **October 3 1882**
(Month) (Day) (Year)8. AGE: Years **65** Months **7** Days **28** If less than one day **hr. min.**9. Birthplace **Patterson Missouri** (City, town, or county) (State or foreign country)10. Usual occupation **at home**

11. Industry or business

12. Name **John P. Sebastian**13. Birthplace **Libertyville Mo.** (City, town, or county) (State or foreign country)14. Maiden name **Anna McGee**15. Birthplace **Unknown** (City, town, or county) (State or foreign country)16. (a) Informant **C. C. Sutherland**(b) Address **Caledonia Missouri**17. (a) **burial** (b) Date thereof **6-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Caledonia Mo.**18. (a) Signature of funeral director **White Funeral Home**(b) Address **Ironton Mo.**19. (a) **6-14-48** (b) **Ella S. White**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Washington**
 (c) City or town **Caledonia**
 (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 **June** day **1**
year **1948** hour **4** minute **45** A. M.21. I hereby certify that I attended the deceased from **May 25**, 19**48** to **June 1**, 19**48**
that I last saw him alive on **June 1**, 19**48**
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Thrombosis**

Due to

Due to

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)Major findings:
Of operations **944**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Ella S. White** (M. D. or other)Address **Ironton Mo.** Date signed **6-8-48**

RECEIVED

District Health Officer No. Y
District File Number 648-779
Date Filed 6-21-42

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Doctor's Res.

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.