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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 37010

Registrar's No. 381

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hours (Specify whether years, months or days)
In this community: 77 years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Sibley 0
(If outside city or town limits, write "RURAL")
(d) Street No.: RR 1 0
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mr. David H. Suttles
3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 4, 1871 (Month) (Day) (Year)

8. AGE: Years 77 | Months 6 | Days 1 | If less than one day: hr. min.

9. Birthplace: Jackson County, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER 12. Name: John L. Suttles 1
13. Birthplace: Green Co., Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Menurva Watts
15. Birthplace: McCoupin Co., Ills. (City, town, or county) (State or foreign country) 1
16. (a) Informant: J. W. Suttles
(b) Address: RR 1, Sibley, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Brooking Cemetery
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 12-7-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 5
year: 1948 hour: 5:45 minute: P.M.

21. I hereby certify that I attended the deceased from Dec. 4, 1948, to Dec. 5, 1948 that I last saw him alive on Dec. 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Arteriosclerosis	
Angina Pectoris	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 9 4 B
Of autopsy:

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): X
(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? 0
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Chas F. Grabske (M. D. or other)
Address: CHAS. F. GRABSKE, M. D. 1st Nat'l. Bank Bldg. INDEPENDENCE, MO. Date signed: 12/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard D. Mullins, Registered Apprentice No. 268, working under my personal supervision.

Signed Charles J. Tyler

Licensed Embalmer No. 4534

P. O. Address Indep 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.