

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11092**

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Reor 722 Chestnut**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Mo**  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cardwell** **0350**  
 d. STREET ADDRESS (If rural, give location) **Reor 722 Ches**

**3. NAME OF DECEASED**  
 a. (First) **Clarence W.** b. (Middle) **Sutherland** c. (Last) \_\_\_\_\_  
 (Type or Print) \_\_\_\_\_  
**4. DATE OF DEATH** (Month) (Day) (Year) **12 17 - 1950**

**5. SEX** **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **married**  
**8. DATE OF BIRTH** **about 64** **9. AGE** (In years last birthday) **64** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Laborer** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_  
**11. BIRTHPLACE** (State or foreign country) **Paragould Arkansas** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Jim Sutherland** **13b. MOTHER'S MAIDEN NAME** **Nettie Comer** **14. NAME OF HUSBAND OR WIFE** **Rosie**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **no** (If yes, give war or dates of service) \_\_\_\_\_  
**16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **Rosie Sutherland** **ADDRESS** **Paragould Ark**

**18. CAUSE OF DEATH**  
 Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)** \_\_\_\_\_  
 ANTECEDENT CAUSES \_\_\_\_\_  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Cerebral Apoplexy**  
 DUE TO (c) **Curbsis of Liver**  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) \_\_\_\_\_ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** \_\_\_\_\_

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR** **5810**

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:30 A. m.**, from the causes and on the date stated above.**

**23a. SIGNATURE** \_\_\_\_\_ (Degree or title) \_\_\_\_\_ **23b. ADDRESS** **1900 Elland** **23c. DATE SIGNED** **12 26 50**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Removal** **24b. DATE** **12-26-1950** **24c. NAME OF CEMETERY OR CREMATORY** **Cardwell Cem** **24d. LOCATION** (City, town, or county) (State) **Cardwell Mo**

**DATE REC'D BY LOCAL REG.** **DEC 20** **REGISTRAR'S SIGNATURE** **J. B. Casler** **25. FUNERAL DIRECTOR'S SIGNATURE** **Rowland Mortuary Service Inc.** **ADDRESS** \_\_\_\_\_

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

3

APR 31 1937

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Ronald E. Yahnske

Licensed Embalmer No. 3917

P. O. Address Thomas 10. 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.