No. 2
5-42
7-39
X32823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 - 1943

Registration District No. 8-18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32855
State File No.

Primary Registration District No. 6286

Registrar's No. 43

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Norwood
(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 (Specify whether years, months or days) /
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Norwood 114
(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

3. (a) PRINT FULL NAME Neta Arada Sutherland
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 Wm T. Sutherland
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec. (Month) 15, (Day) 1870 (Year)

8. AGE: Years 72 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Ozark County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business —
FATHER
12. Name John Snider
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Teresa Ridenhour
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ed Sutherland
(b) Address Norwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Denlow Cemetery
18. (a) Signature of funeral director Ernest Carper
(b) Address Mountain Grove Mo.
19. (a) 9-17-43 (Date received local registrar) (b) H. M. Lower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 5:20 minute — M.

21. I hereby certify that I attended the deceased from June 6th 1943
that I last saw her alive on 6/28 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death do not know	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature R. A. Ryan (M. D. or other)
Address Mountain Grove Date signed 9-5-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1043-1128
Date Filed OCT 2 1943

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 Purnell Bowles

Licensed Embalmer No. 2848

P. O. Address Mtn. Grove, 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 378 Primary Registration District No. 6282 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Norwood
(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 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Neta Aranda Sutherland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 15 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days If less than one day min.

9. Birthplace (City, town, or county) MO (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to She died suddenly	
Due to Heart attack	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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

23. Signature R. A. Ryan (M. D. or other)

Address Mtn Grove Date signed 10/8-43

SUPPLEMENTARY 3

95c

32855