S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36855

State File No.

Primary Registration District No. 4082

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Carroll Co.

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

(c) Name of hospital or institution: 1
(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: 17 0 0

(a) State Missouri (b) County Carroll

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harriet Barbor Sutton

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 Widowed

6. (b) Name of husband or wife Husband Thomas Sutton

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

7. Birth date of deceased June (Month) 4 (Day) 1842 (Year)

8. AGE: Years	Months	Days	If less than one day
100	5	3	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Henry Myers
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Ray
15. Birthplace (City, town, or county) Kent (State or foreign country)

16. (a) Informant Mrs Sarah Sutton
(b) Address Bogard Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 9-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Ed Davis
(b) Address Bogard Mo.

19. (a) 11-9-42 (Date received local registrar) (b) Mrs James Raffety (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1942 hour 12 minute 52 A.M.

21. I hereby certify that I attended the deceased from June 5, 1941, to August 4, 1942, that I last saw h alive on August 4, 1942 and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death Epithelioma of nose	18 month
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 L. L. Akers, D.O. (M. D. or other)

Address Bogard, Mo Date signed Nov 7 1942

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-11-42

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 E A Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard 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, above space should be left blank.