

No. 2  
1-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35941

State File No. \_\_\_\_\_

**FILED NOV 5 1946**  
Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: 3  
(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 Missouri (b) County Reynolds ///

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

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

(e) Citizen of foreign country? No (Yes or No) 6  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard S. Sutton

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9  
year 1946 hour II:05 minute \_\_\_\_\_ P. 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.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bessie Jane Sutton

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 13 1881  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Hit by Mo Pac Freight Train #163 while sitting on track

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business General Store

12. Name Daniel Sutton

13. Birthplace Unknown  
(State or foreign country)

14. Maiden name Sarah Young

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

16. (a) Informant Raymond Sutton

(b) Address Piedmont, Missouri

17. (a) Burial (b) Date thereof 10/11/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DesArc, Missouri

18. (a) Signature of funeral director Norman W. Gish

(b) Address Piedmont Mo

19. (a) Oct. 16-1946 (b) Lucie E. Piles  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) accident ///

(b) Date of occurrence Oct 9 1946

(c) Where did injury occur? Piedmont Wayne Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Railroad Right of way  
(Specify type of place)

While at work? No (e) Means of injury Train

23. Signature W. Holmes J.P. Acting Coroner  
Address Piedmont Mo Date signed 10/16/46

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

340

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1947

NOV 9 1948

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

*Norman W. Gish*

Licensed Embalmer No. *3387*

P. O. Address *Madison 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.