

No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42778**  
Registrar's No. **398**

FILED DEC 16 1947

Registration District No. **316**

Primary Registration District No. **3061**

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

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Flat River, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**217 Crane St.**  
(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 **Sutterfield.**

3. (a) PRINT FULL NAME **Mr. Benjamin Franklin**

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

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

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Belle Frances Sutterfield**

6. (c) Age of husband or wife if **77** years

7. Birth date of deceased **May 23 1866**  
(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <b>81</b> | <b>5</b> | <b>28</b> | hr. _____ min. _____ |

9. Birthplace **Reynolds Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Mr. Alle L. Sutterfield**

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

14. Maiden name **Mabel Davis**

15. Birthplace **Reynolds Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. E. Patterson (daughter)**

(b) Address **217 Crane St.**

17. (a) **Burial** (b) Date thereof **Nov. 23 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boke C. Soudan, Mo.**

18. (a) Signature of funeral director **Alvin W. Hood**

(b) Address **203 Crane St. Flat River, Mo.**

19. (a) **12-9-47** (b) **Esther Reddick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds** **90**

(c) City or town **Corridon**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **21**  
year **1947** hour \_\_\_\_\_ minute **6:30 AM.**

21. I hereby certify that I attended the deceased from **Nov 14**  
1947, to **Nov 21** 1947.

that I last saw him alive on **Nov 20** 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chc myelociditi** Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **C. H. Appleberry** (M. D. or other) **MD**  
Address **Flat River Mo** Date signed **11-23-47**

RECEIVED

District Health Officer No. 4  
District File Number 1247-155  
Date Filed 12-15-47

JAN 2 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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crown St. Flat 1 (Linen)

**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.**