V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19282

State File No.

FILED JUN 19 1942

Registration District No. 887

Primary Registration District No. 6187

Registrar's No. 18

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

110
0
0

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution: Bliss Mo 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 40 yr. 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Washington

(c) City or town Rural 110
(If outside city or town limits, write "RURAL") 0

(d) Street No. None 0
(If rural, give location)

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

If yes, name country Ore 0

3. (a) PRINT FULL NAME DAVID SANSOUCIE

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, 3 divorced Divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 2 (Month) 1902 (Day) (Year)

8. AGE: Years 40 Months 4 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Bliss (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Tiff Miner

11. Industry or business Tiff Miner

FATHER
12. Name Valentine Sansoucie
13. Birthplace Bliss (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Martha De Clue
15. Birthplace Bliss (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Sybilla Sansouci
(b) Address Bliss Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods Mo

18. (a) Signature of funeral director Dayen & Casey
(b) Address Richwoods Missouri

19. (a) 5-15-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1942 hour 12 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 1941, 1941, to 5-14, 1942 that I last saw him alive on 5-8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to not known

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of Stomach

Of autopsy No

Duration

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? None (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? No (e) Means of injury 0

23. Signature C W Parker (M. D. ~~or other~~)

Address Richwoods Date signed 5-15-42

806

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 642-804
Date Filed 6-17-42

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 K. M. Genop

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.