

3. No. 2
M-2-43
5-17-43
1 X3589

FILED SEP 9 1943 366

State File No. _____
Registrar's No. 50

Registration District No. 366 Primary Registration District No. 4536

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi, 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:

(a) State MO (b) County Washington

(c) City or town Potosi, Mo.
(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 Sarah M. Lussan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 29 year 1943 hour _____ minute _____ P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thomas Lussan 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 2 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 20 1943 to Aug 23 1943
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

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

72 10 21 _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Right side

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 85a!

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business house wife

MOTHER FATHER { 12. Name Jeff Warbraugh

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

14. Maiden name Mary Baker

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Thomas Lussan

(b) Address Potosi, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Potosi

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? _____

18. (a) Signature of funeral director L. J. Sparks

(b) Address Potosi, Mo.

19. (a) 8-25-1943 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Presswell (M. D. or nurse)
Address Potosi, Mo. Date signed 8/29/43

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

District Health Officer No. 4
District File Number 943-2675
Date Filed 9-8-43

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 Everett Sparks

Licensed Embalmer No. 4289

P. O. Address Flat River

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.