

FILED JAN 17 1948

Registration District No. **12**

Primary Registration District No. **57-96**

Registrar's No. **57**

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

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Debets Rural (Valko)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Home South of Debets Mo. RT #3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **17 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jefferson 50**
(c) City or town **Debets** (If outside city or town limits, write "RURAL") **2**
(d) Street No. **414 E. Platten St** (If rural, give location) **2**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MARY MARTHA SANBOUCIE**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOW**
6. (b) Name of husband or wife **Geod Sanboucie** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 23 1877** (Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Platten Mo. U.S.A.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **Christopher Mercu**
13. Birthplace **Tennessee** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann O'Hare**
15. Birthplace **Platten Mo. U.S.A.** (City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Sanboucie**
(b) Address **Debets Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 2 1948** (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Chas. E. Clevin**
(b) Address **Debets Mo.**

19. (a) **1/8/48** (Date received local registrar) (b) **Marie Harris** (Registrar's signature) (c) _____ (Date signed)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27** year **1947** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **12/18** 19**47**, to **12/29** 19**47**; that I last saw him alive on **12/29/47** and that death occurred on the date and hour stated above.

Immediate cause of death **arterio sclerotic cardiac failure**

Due to **Cerebral hemorrhage**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **ing.** Of autopsy _____

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) (c) Means of injury **2**

23. Signature **Chas. E. Clevin** (M. D. or other) **500.**
Address **12/48 Debets** Date signed **1/8/48**

Duration **10 days**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Date Filed 8-16-77

Licensee's Number

District Health Officer No. 9,

RECEIVED

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..... Donnell B. Dittus

Licensed Embalmer No. 1204

P. O. Address..... Delto 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.