

STANDARD CERTIFICATE OF DEATH

43878

State File No.

DEC 31 1951

BIRTH NO.

REG. DIST. NO. 366

PRIMARY REG. DIST. NO. 6244

Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Washington			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union		1180
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Mines			d. STREET ADDRESS (If rural, give location) Old Mines		
3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Ann c. (Last) Sonsoucie			4. DATE OF DEATH (Month) (Day) (Year) 12 19 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11	8. DATE OF BIRTH 9-8-1950	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 3
IF UNDER 24 HRS. Days 11	IF UNDER 2 HRS. Hours	Min.	11. BIRTHPLACE (State or foreign country) Old Mines, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME James Sonsoucie		13b. MOTHER'S MAIDEN NAME Mercile Miller		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Sonsoucie Old Mines, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) ROADSIDE NONROADSIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Old Mines, Washington Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 - 19 - 1951 47 a.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Home burned - 110				
22. I hereby certify that I attended the deceased from <u>Nov 19</u> to <u>12 19</u> , that I last saw the deceased alive on <u>Nov 19</u> and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Joseph L. Burman, (Degree or title) Registrar, Potosi, Mo.</u>			23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 12-21-51.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-21-1951	24c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery		24d. LOCATION (City, town, or county) (State) Old Mines, Mo.	
DATE REC'D BY LOCAL REG. 12/22/51	REGISTRAR'S SIGNATURE <u>Arbuck Endace</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith & Higginbotham, F.H. Potosi, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 27 1951

WASH. COUNTY HEALTH DEPT.
File No. 1251-2751

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 _____

not Embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.