

FILED JAN -6 1943

Registration District No.

Primary Registration District No. 3016

Registrar's No. 291

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—
(LARTONOVIX)

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
525 E. High Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, Mo. 5

(d) Street No. 525 E. High Street 4
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME SARAH LARTONOVIX

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1942 hour 12 minute NOON M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mike Lartovix

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased. October 27, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 20, 1942
19 to Dec. 24, 1942
that I last saw her alive on Dec. 24, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 1 Days 29
If less than one day hr. min.

Immediate cause of death:
Atherosclerotic heart disease (decompensated)
Due to myocardial failure
Atherosclerosis
Due to Diabetes Mellitus

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

Other conditions (Include pregnancy within 3 months of death)
Legionnaires gangrene

10. Usual occupation Housewife

Major findings: of leg

Of operations 61

Of autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business at home

12. Name Unknown

13. Birthplace Unknown 9 (City, town or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mike Lartovix

(b) Address 525 E. High - Jeff. City, Mo.

17. (a) Burial (b) Date thereof 12/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Jefferson Hall

(b) Address Jefferson City, Mo.

19. (a) 12-31-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

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?
White at work? (Specify type of place) (e) Means of injury 0

23. Signature J. A. Asman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 12/25/42

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~~

Sylvester Dulle, Registered Apprentice No.
working under my personal supervision.

Signed

Sylvester Dulle

Licensed Embalmer No.

4321

P. O. Address

Jefferson City, 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.