

State File No. ....

FILED APR 14 1944  
 Registration District No. 566

Primary Registration District No. 6244 (241) Registrar's No. 14

1. PLACE OF DEATH:  
 (a) County Washington  
 (b) City or town Rural Brita Twp  
 (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 Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. near Potai.  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME Mary J Sansovic  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 22  
 year 1944 hour 1 minute 25 P. M.  
 21. I hereby certify that I attended the deceased from 3-20  
 1944, to 3-22 1944  
 that I last saw or alive on March 20 1944  
 and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married 1  
 divorced Married  
 6. (b) Name of husband or wife Anthony Sansovic 6. (c) Age of husband or wife if  
 alive 56 years  
 7. Birth date of deceased April 28 1890  
 (Month) (Day) (Year)

Immediate cause of death Lobar pneumonia  
 Duration

8. AGE: Years Months Days If less than one day  
53 10 24 hr. min.

Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations.....  
 Of autopsy.....

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

10. Usual occupation.....  
 11. Industry or business House wife

MOTHER FATHER  
 12. Name Mary Caloman  
 13. Birthplace Old Miner Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Posee Turkey  
 15. Birthplace Washington Co. Mo.  
 (City, town, or county) (State or foreign country)

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) (e) Means of injury

16. (a) Informant Anthony Sansovic  
 (b) Address Funeral Home

17. (a) Burial (b) Date thereof 3-23-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Potai Mo.

18. (a) Signature of funeral director G. L. Sparks  
 (b) Address Potai Mo.

19. (a) 3-23-1944 (b) Joseph L. Thurman  
 (Date received local registrar) (Registrar's signature)

23. Signature Joseph L. Thurman (M. D. or other)  
 Address Potai, Mo. Date signed 3-23-1944

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

110  
 0  
 0

RECEIVED

District Health Officer No. 4  
District File Number 440-3724  
Date Filed 4-13-44

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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.....

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.**