S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

Registration District No. 187

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3040

State File No. 25127

Registrar's No. 88

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: 15 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(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: Betty Gene Sanson
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Paul William Sanson
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: April 28, 1923 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
21	2	11	hr. min.

9. Birthplace: Des Moines (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Dan Brightman
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Letha Warner
15. Birthplace: Livingston County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Paul W. Sanson
(b) Address: Sampsel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 - 12-44 (Month) (Day) (Year)
(c) Place: burial or ~~XXXXX~~ Mt. Olive Cemetery
18. (a) Signature of funeral director: E. Burkett 3227
(b) Address: Chillicothe, Missouri
19. (a) July 12 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1944 hour 3:00 minute A. M.
21. I hereby certify that I attended the deceased from None, 19..., to None, 19...; that I last saw her alive on None, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage of right jugular vein.
Due to: Glass from automobile accident
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: No

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: July 9, 1944
(c) Where did injury occur? Chillicothe, Livingston, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 36 2 miles south of Chillicothe, Missouri (Specify type of place)
While at work? Driving (c) Means of injury: Cut by glass
23. Signature: Reuben Barney, Coroner (M. D. or other)
Address: Chillicothe, Missouri Date signed: 7-11-44

(Licensed Embalmer's Statement on Reverse Side)

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 Was Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed E Buckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.