V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36736

State File No.

Registration District No. 43 Primary Registration District No. 4059 Registrar's No. 324

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Neelyville, Mo.
(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 --
(Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Neelyville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Agustus Sansoucie
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced ----
6. (b) Name of husband or wife Bessie Sansoucie
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March (Month) 29 (Day) 1860 (Year)

8. AGE: Years 85 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business ----
FATHER 12. Name unknown unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER 14. Maiden name unknown unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Nattie Biggs
(b) Address Neelyville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 10 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Blackwell, Mo. Cemetery
18. (a) Signature of funeral director William T. Begay
(b) Address Corning, Ark.
19. (a) 11/14/45 (Date received local registrar) (b) R. F. Smithee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1945 hour 10 minute M.
21. I hereby certify that I attended the deceased from Oct 1st, 1940, to Nov 7, 1945; that I last saw him alive on Nov 1st, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature F F Farr (M. D. or other)
Address Neelyville Mo. Date signed Nov 9

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-3300
Date Filed 11-24-45

Removed to Mark, to be prepared for burial

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 William P. Beary

Licensed Embalmer No. 728 dk

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.