

No. 2  
8-43  
7-39  
X37823

State File No. ....

Registrar's No. 39

FILED JUN 23 1948

Registration District No. 386

Primary Registration District No. 4536

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Peters  
(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)  
In this community 4 yrs. years, months or days

3. (a) PRINT FULL NAME Farmin Sanssegrow

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Sanssegrow 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 25 1869  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation miner

11. Industry or business none

12. Name Frank Sanssegrow

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

14. Maiden name Margaret Rano

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

16. (a) Informant Rossin Sanssegrow

(b) Address 2415 N Broadway St. Joplin Mo

17. (a) Burial (b) Date thereof 6-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peters Mo

18. (a) Signature of funeral director Mrs. Ruth Sparks

(b) Address Peters Mo

19. (a) 6/15/48 (b) Herbert ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Peters (If outside city or town limits, write "RURAL") 110  
(d) Street No. \_\_\_\_\_ (If rural, give location) 10  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-10  
1948, to 6-13, 1948  
that I last saw him alive on 6-11 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Gold

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) \_\_\_\_\_

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 \_\_\_\_\_

Signature Ed X. Wallace (M. D. or other) MD

Address Peters, Mo Date signed 6-12-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 648-80  
Date Filed 6-22-38

**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 Murphy Sparks  
Licensed Embalmer No. 4236  
P. O. Address St. River, 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.**